MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4734 CERTIFICATE OF DEATH Rea. Dist. No. director. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY MARYLAND erol b. CITY OR IOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) plnods e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO DE ond c 4. DATE Year NAME OF First Middle Day OF DEATH fille Pages (Type or print) 19 60 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH MARRIED NEVER MARRIED campletely Days Months Hours DIVORCED [WIDOWED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) and after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician гетауе INFORMANT Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO attending p 2 Yes-Unknow please INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." PART I. DEATH WAS CAUSED BY MORRH IMMEDIATE CAUSE (o) DUE TO O MONTHS permit. Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stoting the underond lying couse lost ar attending physician. burial-transit PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal, PERFORMED? has YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH as the LIF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.] Hour o. m. While Not while ot work ot work p. m 1960, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 2 19 66 M, from the causes and an the date stated above. alive on DIRECTOR: DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL 60 pe SIGNATURE D PHYSICIAN'S ROBERT N. COALE NAME (Type) FUNE 220. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) 22c. NAME OF CEMETERY OR CREMATORY poge REMOVAL (Specify) Maryland Heaven Cem 0 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR **ADDRESS**

Maryband

DATE APR 1 2 '60

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Bethesda.

Pumphrey

VS A15 (4) 15M 9/58

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death.

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ATTENDING PHYSICIAN: The

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1.	PLACE OF DEATH O. COUNTY MONTGOME	RY		MARYE	3	USUAL RESIDI a. STATE MARYLA	•	ere deceased	b COUNTY		nce befor	re admiss	ion)
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	OLNEY	oresi idwii)		21 DAYS		ELLICO	TT CI	TY			13	X	2
	OR INSTITUTION	AL (If not in hospital, g				d. STREET AD		Mana					FARM?
		RY COUNTY G			الو	Dougho							
3.	NAME OF DECEASED (Type or print)	Fin	UCY	Middle		ASBUR		4. DATE OF DEATH	APR		1 6		Yeor 19 60
5.	SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIE	D 8. D	ATE OF BIRTH			9. AGE (In years lost birthdoy)				ER 24 HRS.
1	EMALE	WHITE	WIDOWE	DIVORCED		8/25/9	0		69 yrs.	Months	Days	Hours	Min.
	. USUAL OCCUPATIO	ON (Give kind of work of	lone 10b.	KIND OF BUSINESS OF	RINDUSTRY	-1-1-		or foreign co	untry)	12.CIT	IZEN OF	WHATC	OUNTRY
	* TO JELL	king life, even if retired)					GINIA			U	NITE	D S	TATES
13.	FATHER'S NAME	· ·			14	. MOTHER'S	MAIDEN N	AME					
	DOOTOS GR	LEE LTH				NANO	Y WHI	TEHEA	D				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFOR	MANT			Add	ress			
L	N•			VINE		DSPITAL	RECO	ORDS	01	NEY,			
Н		TH [Enter only one country one		ne for (a), (b), and (c).]								RVAL BE ET AND	
	1011	IMMEDIATE CAUSE (6))	Çacile	XIG_		_						
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	gove rise to i couse (o), stating lying couse lost.												-
CATION	PART II. OTH	HER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH BUT NO	RELATED TO	THETERMIN	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFC	AUTOPSY ORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (E	nter noture of	injury in P	ort I or Port	II of item 18.)				X
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	While	NJURY OCCURRED Not while k of work		OF INJURY (H street, office			or town)		(County)		(Stote)
	21. I certify the	it (I) (this haspital) attend	led the deceased	from 4-	24-	125	59, ta_	4-16	-, 19.6	50, th	at (I) (we) last
	saw the deceas	sed alive an	4-16	1- 1960 , and	that deat	h accurred	1:2:30	Qu. Prom	the causes an	d on th	e date	stated	abave
	220. SIGNATURE		,										b. DATE
	(montho	w	M.D.	M.D.	ATTENDING PHYS.	ME DIR	D. RECTOR	STAFF PHYS.			4-1	7-60
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRES	SS						7-00
	(17)	C. S. WH11	AKER	M. D.		Cı	LARKS	VILLE,	MARYLAN	D			
230	BURIAL, CREMATIC	N, 23b. DATE THEREO	194	23c. NAME OF CEME	TERY OR CR	EMATORY UE		Z3d. LOCAT	ION (City, town, EWEL	or county)	VI	RG-/	NIA
24.	FUNERAL DIRECTOR	S SIGNATURE A		O ADDRESS	v4/1	, 1	25a. REC'E	BY REGIST	RAR 25b. REGI	STRAR'S S	IGNATUI	RE	
1	Francis	H Branke	2	Jayloner	ille	md.	DATE AP	R 2 0 '6	0 a	ihm &	. the	14	

may rained by the haspital or attending physician.

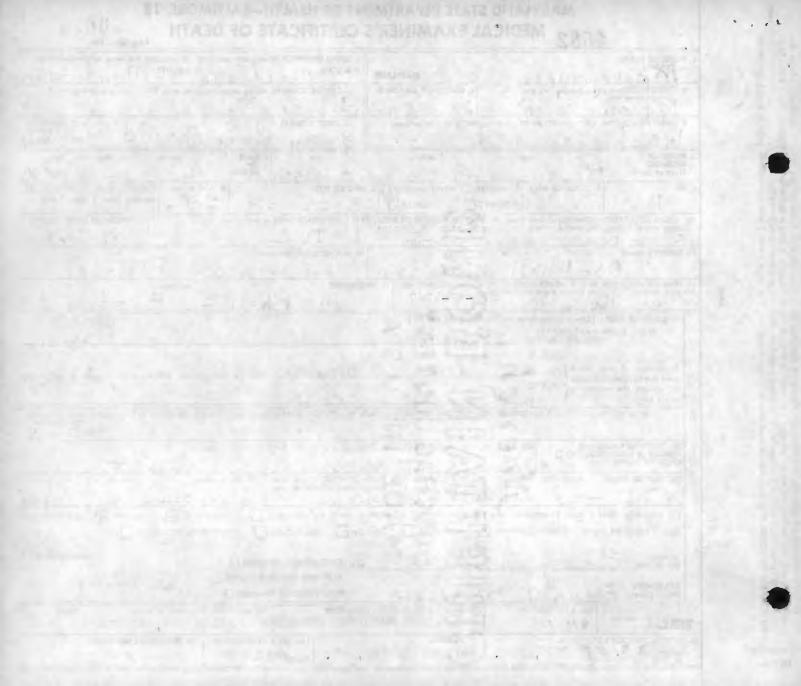
5 FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill.

6 page 3 shauld be detached far use as the burial-transit permit. Then please reaptive carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, ar remayal, and in any premitively in 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUN

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MINATED TRADETED CETTE . 140,5116 EAR A . 'Whell do sail ALL SELVE OF A PROPERTY OF A P THE PERSON AND THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY Q. STATE MARYLAND b. CITY OR TOWN (If outlde corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autifide corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO P NAME OF First Middle 4. DATE Month Year, DECEASED (Type or print) DEATH 1960 5. SEX 6. COLOR OR RACE 7. MARRIED DE NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Haurs WIDOWED | DIVORCED I yrs. I Co. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) . American Research Trial CNGINEER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Florence 17. INFORMANT S. SOCIAL SECURITY NO. 577-42-1242 18. CAUSE OF DEATH [Enter only one cause per like for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause DUE TO (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS PERFORMED? NO H YES | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part, I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or form) Month, Day, Year (County) (Stale) factopy, street, office bldg., etc.) Not white & at work of work 1964 ulvzi 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 74 Inquiry X, and find that death resulted from: Natural causes X. Accident ... Suicide , Hamicide ... Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER | 4-14-6n EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) SILVER SPRING, MD. DATE APR 1 9 '60 Cittur & House 5M 9/55



4736	TATE DEPARTMENT OF HEALTH—BALTIN CERTIFICATE OF DEATH	Rec
1.720		

4627 Dist. No.

1. PLACE OF DEATH o. COUNTY	ntgomery	MARYLAND	2. USUAL RESIDENCE (VO. STATE		. If institution: Resid b. COUNTY	lence before admissio	n)
	(If outside corporate limits, wri	e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate lin	nits, write RURAL an	d give nearest town)	
	thesda	17 hours	Wash	ington		47X.3	5
d. NAME OF HOS	PITAL (If not in haspital, give str		d. STREET ADDRESS			e. IS RESID	ENCE
OR INSTITUTION	burban		5463	Nebraska	Ave., N.W	• YES	
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month		ear
(Type or print)	Elbert	W.	Baker	DEATH	4	23 19	960
S. SEX	6. COLOR OR RACE 7. N	ARRIED T NEVER MARRIED	B. DATE OF BIRTH	9. AG	1 1 1 1	ER I YEAR IF UNDER	
Male	White WIDE	OWED DIVORCED	10/13/79	8		Doys Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	ote or foreign country)	12. C	ITIZEN OF WHAT CO	UNTRY?
Retired	(H.S. Agrica	ulture Dept.)	11/15	50KH1		U.S.	
13. FATHER'S NAME		2/ /	14. MOTHER'S MAIDEN	NAME	11	1	N
Brken	Marchiano	1/11/05	Diver	17 7000	1 /1/4	- +/	cine.
IS. WAS DECEASED	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT	Ciari	Address	arci u	V
(Yes, no, or unknown)	(If yes, give war or dates of service)		My P.11	R. 10.	nels	a	1Set
No		no	LIN. KIVI.	-10a 11 cm	13.1	lagugal	INT.
	EATH (Enter only one couse po	er line for (a), (b), and (c).]				ONSEL AND D	WEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	EXSANGUINATION				SUDDEN	4
gove rise to cause (a), statin lying cause los	ng the <u>under-</u> DUE TO	ARTERIOSCLEROS NS CONTRIBUTING TO DEATH BU		rminal disease con	DITION GIVEN IN P	UNKNOW ART 1(a) 19. WAS AL	UTOPSY
CAT							NO 🗌
OR CONTRIBUTION	WAS UNDERLYING 20b. NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury	in Part I or Port II of	item 18.)		
ZOc. TIME OF INJ	, w		ACE OF INJURY (Home, forctory, street, office bldg.,		vn)	(County)	(Stote)
₽, п	n. 19 at	wark ot wark					
21. I certify	that I attended the dec	eased fram TUU	5 1950 to	15v1123	19 (Chat !	last saw the de	ceased
alive an At	12/123 1	o GO and that deat	accurred at 2 25	P.M. from the c	cuses and an I	he date stated	ahava
T. Carrier	deferred !	1 O	decorred de	ADDRESS (Street, o	ity or town, state)	DATE	SIGNED
ACTUAL SIGNATURE	les TO	derrell	M.D. 55/6	Neb.	AVE	4-2	7-60
PHYSICIAN'S NAME (Type)	Robert B. Havel	1	5516 Ne	braska A	ve. N.W.	Wash.D.	C.
	ION. 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or county	y) (Stote))
REMOVAL (Speci	4-26-60	GLENWOOD	CEMETERY	WASHI	NGTON. I) - C -	
23. FUNERAL DIRECTO		ADDRESS		EC'D BY REGISTRAR	24b. REGISTRAR'S		
- transition	10,00: 31	31-14TSXT-111	. 70	S S S I RESISTANT			
June	r Compaco	1/1/ 01/1/N	D. D.C DATE	R 2 6 '80	7149	Karet	
			RI-	II E O O	and the same of th		

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		3003	CEKHIF	ICATE OF D	EATH		0.10	4.
	PLACE OF DEATH O COUNTY MO	NTGOMERY	MARYL	a STATE	Dence (Where decease	ed lived, if institution b. COUNTY	on. Residence befor	e admission)
	B. CITY OR TOWN (IF RURAL ond give nec	outs de corporale limits, v	rite c LENGTH OF STAY I	11 12 12 12	OWN (If outside com	parole limits, write R	URAL and give near	rest fown]
	OR INSTITUTION	CON-SILVER S	street oddress) PRING NURSING	HOME 131	DDRESS 3 MASS. AV	Æ., N.W.		IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First MARY	Middle	BARBER	4. DATE OF DEAT	Mon H AE	PRIL 27	Year 1960
	SEX EMALE	UHITR	MARRIED NEVER MARRIED	0 /0 /07	4	9. AGE (In years lost birthdoy) 84 yrs.	Months Days	Hours Min.
	during most of works	no life, even if retired)	106 KIND OF BUSINESS OF griculture U.S.		ACE (State or foreign eeport, I			WHAT COUNTRY
13	FATHER'S NAME [In]	known		14. MOTHER'S Unkt	MAIDEN NAME			
15 (%		IN U.S. ARMED FORCES yes, give war or dates of service		Mr. Harold	O. Lovre,	539 Woodwa	ard Bldg.	
	PART I, DEAT	H WAS CAUSED BY, IMMEDIATE CAUSE (o) DUE TO y, which (b) mediale (CUE TO	per line for to), (b), and (c) } Lentra Lentra Lentra Carteriore	l Varaute ral arts knotic He	y accin proselis art Disea	Nint No 15		Mana Mant
CERTIFICATION	20a ACCIDENT WAS	S UNDERLYING [] 20L	ONS CONTRIBUTING TO DEA		THETERMINAL O SEA		YEN IN PART 1(a)	PERFORMED? YES NO
MEDICAL CI	(IF EITHER, NOTIFY A 20c TIME OF INJURY Hour o m. p. m.	Month, Doy, Year	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (foctory, street, office	Home, farm, 20f. (Ci	ity or town)	(County)	(Stat
	21 I certify that saw the decease 220 SIGNATURE	01/2	stended the deceased	that death accurre	G _/ MED _	STAFF		at (1) (we) la stated obove 226 DATE SIGNE
	22c PHYSICIAN'S NAME (Type)	THOMAS N. C.	ARTER	22d. ADDR		+ N. W	Wash	DC.
23c	BURIAL, CREMATION	RIAL 4/29/6		TERY OR CREMATORY		ATION (City, town, REEPORT .		(State)
24	ARNER E	UNPHREY, INC	. STIVER SP	RING, MD.	25a. REC'D BY REGI		STRAR'S SIGNATUR	

VR A15 (4) 15M 9/59

urs after death. Page 4

by the funeral director,

may be lined by the haspital or attending physician.

5 FUNI DIRECTOR: After this certificate has been signed by the attending physician and campletely fille by page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and the State 8oard of Health priar to buriar, crematian, ar remaval, and in any event within 72 hours ofter death

I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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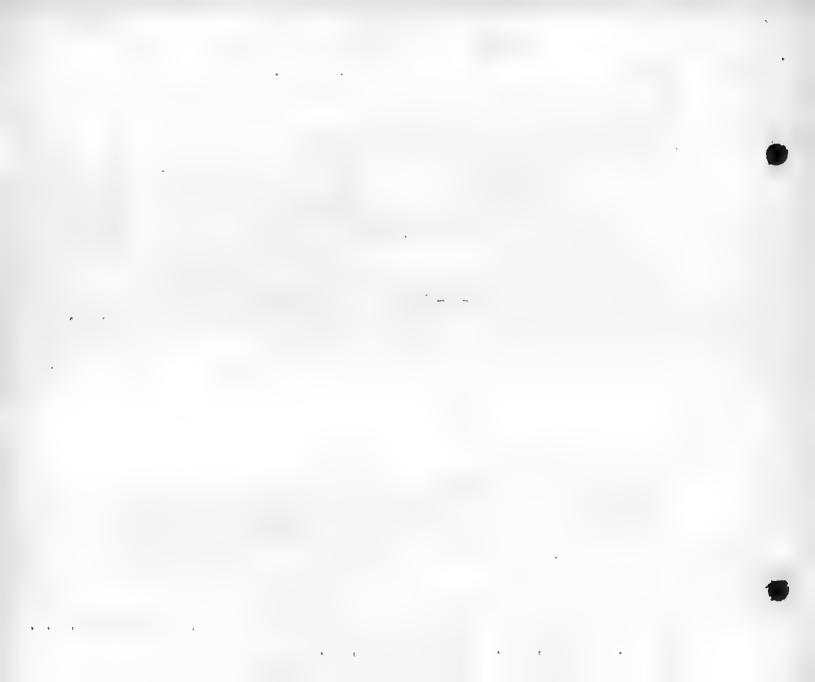


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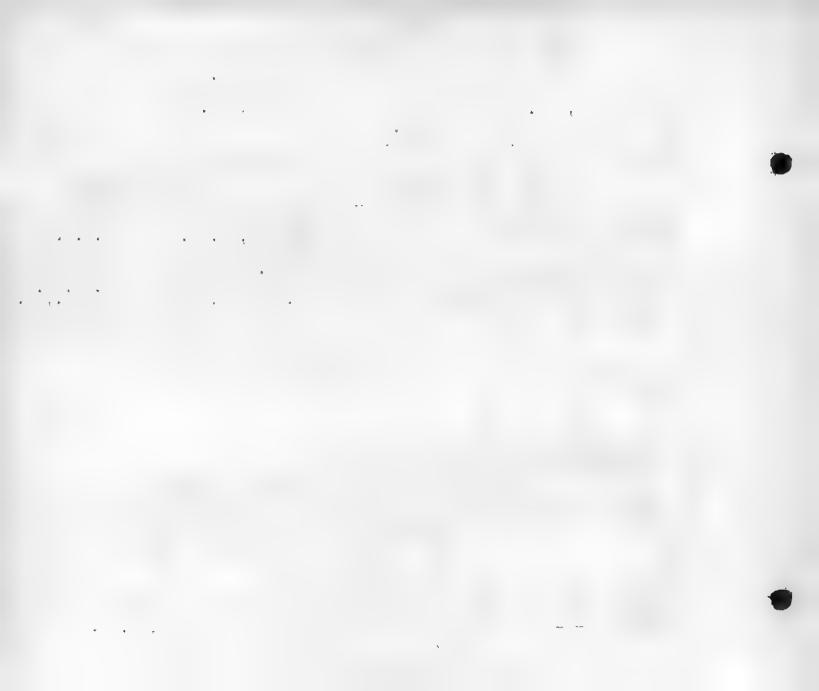
that the death certificate



CERTIFICATE OF DEATH 1. PLACE OF DEATH OF QUINTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Residence before on the country of the	
1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived If institution Residence before	
1) aryand rince be	- 20 5 C
b CITY OR TOWN if outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN if outside corporate limits, write RURAL and give neare SURAL and give dearest DOA. 2124 Saranac /	6 x
1) washington Sanitarium Adelphi	ON A FARME
DECEASED (Type or print) WILLIAM W BARNETT DEATH 4 21	1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 10/17/80 9. AGE (In yeors lot hithdey) WIDOWED DIVORCED DIVORCED 7. MARRIED DOYS F	F UNDER 24 HRS. Hours Min
Coping most of working life even if retired) Contracting Company N.C.	WHAT COUNTRY?
13. FATHER'S NAME ? Unknown	
Unknown 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 16. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 245—09—4342 17. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 245—09—4342 18. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 245—09—4342 19. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 245—09—4342 19. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 245—09—4342	
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 2. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 3. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 3. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 3. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 3. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 3. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 3. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 3. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 3. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 3. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 3. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART 3. DEATH WAS CAUSED BY: PART 3. DEATH WAS CAUSED BY: PART 4. DEATH WAS CAUSED BY: PART 5. DEATH WAS CAUSED BY: PART 5. DEATH WAS CAUSED BY: PART 6. DEATH WAS CAUSED BY: PART 6. DEATH WAS CAUSED BY: PART 7. DEATH WAS CAUSED BY: PART 8. DEATH WAS CAUSED BY: PART 9. DEATH WAS CAUSED BY: PAR	T AND DEATH
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of the color of th	WAS AUTOPSY PERFORMED? YES NO
20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE	
20c. TIME OF INJURY Month Doy, Year 20d INJURY OCCURRED While Not while of work of work.	(State)
21. I certify that I attended the deceased fram 10m 12 19kV, to 4 1 1, 19 6 that I last saw to alive an 4 20 , 19 6 that I las	
ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE SIGNATURE M.D. 2513 Buckledge R.C.	DATE SIGNED
PHYSICIAN'S NAME (Type) R. D. BALLER, M.D. 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City Iown, or county)	
TRANSIT & RIPIAL 4/23/60 CEDAR GROVE CEMETERY NEW REDN. CRAVEN COUNTY	(Stote)
23 FUNERAL DIRECTOR'S SIGNATURE VS A15 (4) 15M 9/58 23 FUNERAL DIRECTOR'S SIGNATURE VAPINER F. PUMPHREY ANC. SILVER SPRING, MD. DATE APR 2 2 60 Clother & Head	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY b. COUNTY filed MARYLAND Leland Leland Street 4113 b. CITY OR TOWN (If outside corporate littis, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Chevy Chase, Md. Chevy Chase. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS . IS RESIDENCE Md. ON A FARM? YES NO IX 4113 Leland Street Chase NAME OF 4. DATE Middle Lost Month Year DECEASED April Allene 30 1060 (Type or print) Barrett DEATH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours DIVORCED [WIDOWED [4-14-1878 82 Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Washington. D. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Allen Barrett Fannie J. Barrett IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Wash Joseph W. Thomas. 4916 No None INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), i 7 PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** Canditians, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO K 200. ACCIDENT WAS UNDERLYING LI OR CONTRIBUTING EL-CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, 20e, PLACE OF INJURY IHame, form, 20f, (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg, etc.) While Not while of work 30, 1960, that I last saw the deceased 21. I certify that I attended the deceased from... , and that death accurred at 140 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 5-3-1960 Oak H111 Ö Burisl Cemetery Washington 0 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A1S (4) DATE 15M 9/SS



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/	1			471	L	CERTIFIC	ATE OF	DEATH			C :: Reg. Dist. N		
l director.		1.	Montgomery			MARYLAND	2. USUAL RES o. STATE	IDENCE (When	e deceased	b. COUNTY	Residence be	fore adm ssi	on)
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d 2 short	f		or institution The Asbury Me	not in hospital, give :	OM6	oddress)	d. STREET . 7701		La Ave	. N. W.		e. IS RESI ON A YES	FARM?
illed and		1	NAME OF DECEASED (Type or print)	Lena	n	Middle name	lo	ıst	4. DATE OF DEATH	Month APRI	1 3	1	960
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e executer and camp son paper or death.		100	USUAL OCCUPATION (G during most of working li School Teac	ive kind of work done fe, even if retired) Cher	106.	KIND OF BUSINESS OR IND		Vernot				OF WHAT	COUNTRY?
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attending attending n please re	1	1	18. CAUSE OF DEATH [PART I. DEATH W	AS CAUSED BY:	per lin		(0 1 0 1	4.5	٢		NTERVAL BET	
the c			443X	EDIATE CAUSE (a) DUE TO	101	YOO. ARd	C.A.h.	occh	051	2:3/			
ed by			Conditions, if any, w	hich (b)	Hy	PERTENSI	VC CA	RdI	OVAS	cula	R	6 7	~
an. n sign sit pe			couse (a), stating the un lying couse last.	nder- DUE TO		DISGAS							
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ol ar at his cert r use as ematian		MEDICA	20c. TIME OF INJURY M Hour a. m. p. m.	- N	While	DURY OCCURRED 20e. I	LACE OF INJURY octory, street, office	(Home, form, te bldg., etc.)	20f. (City o	r tawn)	(Count	y)	(State)
Spiter 1 fer 1 d for			21. I certify that I		cease	ed from 9-3	1952	5, to 2/	,2	1, 1960	that I last	saw the	deceased
the h DR: A stoche buric			alive an 4-	20	12_4	o, and that deal	h accurred at		M, fram	the causes ar	d on the d	date state	d above.
RECT Be d	,		ACTUAL SIGNATURE	ah E. S.	Lle	oner	M.D 1013			4			71-6
strar p	1		PHYSICIAN'S Saral	h E. Glove	r,	M. D.	Ke	nsine	£70n	, md			
FUNE FUNE Ggs 3		220	BURIAL, CREMATION, 2. REMOVAL (Specify) Burial	du/25/60		22c NAME OF CEMETERY	OR CREMATORY			DN (City, Iown, or		(Slole)
5 6 7=		23	PONERAL DIRECTOR'S SIG			Greenmount ADDRESS	Com.	24g, REC'D	BY REGISTRA	boro, Md	RAR'S SIGNAT	URE	
VS A15 (4) 15M 10/S7		4	11111.7.1	icknin	با	/ XJOUN -	valu	DATE	PR 26	04	Irthur S.	Than4	
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04604 **CERTIFICATE OF DEATH** 4738 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) .. COUNMontgomery Filed p. STATE **b.** COUNTY MARYLAND Mary land Montgomerv erol b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) shauld **Burtonsville** Burtonsville d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Santini Road Santini Road YES NO puo NAME OF First Middle 4. DATE Lost Month Year DECEASED April 1960 Cleveland Pages [Type or print] Bernard Real 1 DEATH Ē 9, AGE (In years lost birthdoy)
70 yrs S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH Doys Months Sept. 30. 1883 Hours Male White DIVORCE D WIDOWED [7] 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Operator-saw mill Lumber Burtonsville Mary land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion Mary Ella Willcox Joseph Beall hours гетоме IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address 72 offending Mrs. Bernard Beall, Burtonsville, Maryland no nο eose 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH ሼ PART I. DEATH WAS CAUSED BY-Chronic Myocarditis IMMEDIATE CAUSE (o) vears DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underpuo lying couse lost. PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO A 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) 5 6 Hour o.m. Not while ot work ot wark 1960 19 60 21. I certify that I attended the deceased from the b that I last saw the deceased , and that death accurred at 8:25 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE Street.Laurel.Maryland DIRE should PHYSICIAN'S Robert S. McCenev.M.D. NAME (Type 220 BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) pode REMOVAL (Specify)
Burial Union Burtonsville, Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) DATEPR 1 9 '60 arthur S. Huma

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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17 INFORMANT

PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19

1960, and that death occurred at a

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18)

factory, street, office bldg., etc.)

20e. PLACE OF INJURY (Home, form, | 20f. (City or town)

self

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20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Hour a.m. 21. I certify that (1) (this hospital) attended the deceased fram... saw the deceased alive an 22a. SIGNATURE

22c PHYSICHAN'S

PLACE OF DEATH

OR INSTITUTION

a. COUNTY

NAME OF

5 SEX

no

DECEASED

(Type or print)

FRMALE

13 FATHER'S NAME

John S. Rogers 23a BURIAL, CREMAT ON, 23b. DATE THEREOF

IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO

PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

Conditions, if ony, which

gove rise to immediate

couse (o), stoting the underlying cause lost.

p. m.

1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

DUE TO

DUE TO

Day, Year

none

20d. INJURY OCCURRED

Not while

of work

While

at work

23c NAME OF CEMETERY OR CREMATORY Lincoln Cemetery

23d. LOCATION (City, town, or county) Prince 25o. REC'D BY REGISTRAR

STAFF

George. 25b REGISTRAR'S SIGNATURE

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2 1960 that (1) (we) last

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Address

ON A FARM?

YES INO 14

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INTERVAL BETWEEN

PERFORMED?

YES NO NO

(State)

226 DATE SIGNED

(Stote)

19 60

The S.H. Hines St. N.W. Washington 9. D.C.

DATE APR 1 1 '60

DIRECTOR

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VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
LESS CERTIFICATE OF DEATH

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		1000							
	COUNTY	MONTGOMERY	MARYLAND	2 USUAL RESIDENCE (WHO ISTATE MARYT AD	ere deceased lived 1	ounty Maria	before odmission)		
Ь	CITY OR TOWN (if outs de corporate limits, write earest town?	c LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corporate limits	, write RURAL and gi	ve nearest town)		
	RURAL and a ve n		10 yrs.	TAKOMA PARK	18				
d	name of hospi or institution	A. (If not in hospital, give stree 228 PARK AVENU		d. STREET ADDRESS 228 PARK A	VENUE /		e is residence on a farm?, yes \(\) no \(\frac{1}{4} \)		
DE	ME OF CEASED (pe or print)	SAMUEL C	REER Middle	LL, JR.	4. DATE OF DEATH	Month APRIL	Doy Year 13 1960		
S SEX		6 COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	June 3, 1904	9. AGE (lost bi	rthday) Manths I	YEAR IF UNDER 24 HRS Days Hours Min.		
d	ISUAL OCCUPATION TO MORE THE PROPERTY OF WORKS	ON (Give kind of work done 10tking ife, even if retired)	Las Machine 8		ar fareign country)		EN OF WHAT COUNTRY?		
13. FA	THER'S NAME			14. MOTHER'S MAIDEN N	IAME				
S	AMIEI GR	IFR BELL, SR.		MARY ELI	ZABETH BALL	MER			
	o or unknown]	ER IN U. S. ARMED FORCES? 16 (If yes, give wor or doles of service)	8 SOCIAL SECURITY NO. 17 78-09-0294 1	INFORMANT Mrs. Margaret :	P. Pell, 2	Address 28 Park Av			
118		ATH [Enter only one cause per ATH WAS CAUSED BY IMMEDIATE CAUSE (o)	line for (o), (b), and (c)]	stive for	ilure.	koma Park,	INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if any, which gove rise to immediate cause (a), stating the under lying cause last. (b) Hypertensive, heart allocuse in known in the properties of the properties								
FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{NO} \)								
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a.m. P. m. 19 at wark of wark of wark 19 at wa								
2	1. I certify the	at (I) (this hospital) after	ided the deceased from	6/20.19	58, ta	13 , 19.60	z, that (I) (we) las		
I —		sed plive on 4/4	19_60, and that	death accurred at 1/2	M, from the co	uses and an the	date stated above		
2	2a SIGNATURE	billow	c ce p'	M. D. ATTENDING M. M. D. PHYS	ED STAFF	· 4	13/60 SIGNED		
2:	2c PHYSICIAN'S NAME (Type)	[11.0 1	1AG1	72d ADDRESS	Blook. E.	Swin 1	mag, Much		
23o B	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b, DATE THEREOF 4/16/60	FT. LINCOLN	OR CREMATORY PEMETERY	PRINCE GE	O. COUNTY,	(State) MARYLAND		
24 FU W	NERAL DIRECTOR	"S PIGNATURE TY TINC			D BY REGISTRAR 2	156. REGISTRAR'S SIG			

TO HOSP may b VR A1\$ (4) 15M 9/59

D HOSP TOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be need by the haspital or ottending physician.

D FUNE TORECTOR: After this certificate has been signed by the attending physician and campletely file. By the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

64657

Montgomery

2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss on)
o. STATE
b COUNTY

Maryland

b COUNTY

CERTIFICATE OF DEATH

MARYLAND

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1. PLACE OF DEATH o. COUNTY

Montgomery

Page

rs ofter death.

ained by the haspital or attending plays clan.

KAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. If by the funeral director, should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with e Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

ATTENDING PHYTICIAN: The law requies that the denth certificate be

VR A15 (4) 15M 9/59

ANAME OF HOSPITAL (Proprin Registro), give stream oddress) OR INSTITUTION OR DOCA Marquette Terrace Addition		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16	e. city or town (if a	อนtside corporate limits, write RURAL and ครศัล	give nearest town)
DECRASSO (Type or print) S SEX Male White White Widowed Divorced Divorced T/17/1897 So Pate of Birth Path Path Path Path Path Path Path Pa		d NAME OF HOSPITAL (If not in hospital, give stre		d. STREET ADDRESS		ON A FARM?
Male White WIDOMED DIVORCED 7/17/1897 62 wind binthopy) Months 200 Hours Min. 62 wind and work done during most of working life, even if relired during most of working life, even if relired during most of working life, even if relired Contractor Home building Wyoming USA 13. FATHER'S NAME Henry DeWitt Bingham 14. MOTHER'S MAIDEN NAME Henry DeWitt Bingham S WAS DECLASED FYER IN. 3. ARMED FORCES? II. SOCIAL SECURITY NO. 17 INFORMANT Ves White Course lost in the most discovery of the most discovery		DECEASED			DEATH April	16 19 60
Contractor Home building Wyoming USA				- 1 1	lost birthdoy) Months	
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Yes W1 1 Secretary Conditions France Conditions Course Course Course Conditions Course C	1	Henry DeWitt Bing	ham	Agn	es Friday	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to Immediate couse (b), stoling the yunder tying couse lost. (c) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO MOS 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED while of work of		() (es. no. or unknown) (If yes, give wor or dates of service)	The south a second seco			2d
Conditions, if ony, which gove rise to immediate couse (a), stoling the under-tying couse lost. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DO ROTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PREPORMED? YES NO PREPORMED? YES NO PREPORMED? YES NO PREPORMED! OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING AUTOPSY MEDICAL EXAMINER) ON CONTRIBUTING WEDICAL EXAMINER ON CONTRIBUTING TO DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER ON WORK OF WOR	1	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	11-21 3		1	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of wor		Conditions, if ony, which gove rise to immediate couse (a), stating the under.	BROWHOGEN	IC ARCENON	MA C METASTASIS	8 mos
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of wor		PART II OTHER SIGNIFICANT CONDITION	SIS			PERFORMED?
21 I certify that (I) (this haspital) attended the deceased fram	- 1		ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of Hem 18)	
saw the decases alive an TPFIL 10 19 GC and that death occurred of M, from the causes and an the date stated above 270 SIGNATURE 270 SIGNATURE ATTENDING MED DIRECTOR STAFF 4/16/60 271 SIGNED DIRECTOR DIRECTO		TO CO. TIME OF INJURY Month, Doy, Year 20, Hour a.m. 19 of	ile Not while fo			(County) (State)
220 SIGNATURE 220 SIGNATURE ATTENDING M.D. PHYS. ATTENDING M.D. PHYS. ATTENDING M.D. PHYS. DIRECTOR PHYS. ATTENDING PHYS. ATTENDING PHYS. ATTENDING PHYS. ATTENDING PHYS. ATTENDING PHYS. AVV. WASH 6.DC 230 BJRIAL, CREMATION. REMOVAL (Specify) BUT1al 4/21/60 ATINGTON Nat. Cem. ATINGTON, Virginia 24 FUNERA. DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE	1	21 I certify that (I) (this haspital) atte				
23a BJRIA. CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (C ty, town, or county) (Stole) REMOVAL (Specify) B11111 4/21/60 Arlington Nat. Cem. Arlington, Virginia 24 FUNERA. DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE		226 PHYS CIAN S	- Lower	ATTENDING PHYS.	/	, 225 DATE
REMOVAL (Specify) Burial 4/21/60 Arlington Nat. Cem. Arlington, Virginia 24 FUNERA. DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE		MARKE (Type) (D. J COS)	MANO JR	1821	-cye J. WIY	· WASH 6 LA
		REMOVAL (Specify) Burial 4/21/60	Arlington_		Arlington, Vir	ginia
			1	4 4	- 1 100 C 11 4	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 4740 Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived If institution Residence before admission) a. COUNTY b. COUNTY MARYLAND funerol b CITY OR TOWN (If autside carporate limits) write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 2 RURAL and give nearest town) should N7 C1 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 24 YES NO puo NAME OF 4. DATE First Middle Month Day Year filled DECEASED OF DEATH Poges (Type or print) 19 5. SEX 9. AGE (to years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED completely last birthdoy) Months Days Hours WIDOWED D DIVORCED [7] requires that the death certificate be executed 100. LISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoleyor foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) and corbon ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion haurs remove WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANI oftending s R please within 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (of DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. buriol-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Post or Port II of item 18.) os the ь (IF EITHER, NOTIFY MEDICAL EXAMINER) 120c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF IN. URY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work 1962 Sthat I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 140 M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city ACTUAL þe prior SIGNATURE 3 shauld PHYSICIAN'S P.P. ANDREWS .M. D. NAME (Type) TO FUNER 220. BURIAL, CREMATION, 226. DATE THEREOF 22d ACCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole) REMOVAL (Specify) CHMETERY 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAS VS A15 (4) 15M 9/58



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1460)
* .	CERTIFICATE OF DEATH Reg. Dist. No.
À,	PLACE OF DEATH a COUNTY Maryland Maryland PLACE OF DEATH a COUNTY Maryland Maryland Maryland Maryland Maryland Montgomery
	RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
4.	Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Suburban 6. IS RESIDER ON A FAI 75211 Locust Avenue YES No.
	NAME OF DECEASED First Middle Lost 4. DATE Month Day Year OF
	(Type or print) Annie Laura Brown DEATH April 11 19
)	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 2 fost birthday) Months Days Hours
	Rome WIDOWED DIVORCED 6/29/79 80 yrs.
	during most of working life, even if retired) None Virginia U.S.A
	Benjamin F. Broylen Lucintha WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address
	(en, no, or unknown) (If yes, give wor or dates of service)
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWI
	PART I. DEATH WAS CAUSED BY: UREMIA ONSET AND DE
	570 5 DUE TO
	Conditions, if ony, which) (b) ANURIA 48 14
	gave rise to immediate cause (a), stating the under- lying cause lost. DUE TO (c) //Lufeskeys/ Officered.
	PANT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORME PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORME PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORME PROPERTY OF THE TERMINAL DESCRIPTION OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORME PROPERTY OF THE TERMINAL DESCRIPTION OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORME PROPERTY OF THE TERMINAL DESCRIPTION OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORME PROPERTY OF THE TERMINAL DESCRIPTION OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORME PROPERTY OF THE TERMINAL DESCRIPTION OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORMENT OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORMENT OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORMENT OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORMENT OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORMENT OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORMENT OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORMENT OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORMENT OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORMENT OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORMENT OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORMENT OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALT PERFORMENT OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1 (0) 19 WAS ALT PERFORMENT OF THE TERMINAL D SEASE CONDITION GIVEN IN PART 1 (0) 19 WAS ALT PERFORMENT OF THE TERMINAL D SEASE CONDITION GIVEN GOVERN THE TERMINAL D SEAS
>	Carcinal of color YES N
	20d. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. While Not while at work of work of work
	21. I certify that I attended the deceased fram 3/26, 1960, to 4/11, 19 What I last saw the dece
	alive an
	ADDRESS (Street, city or town, state) DATE SI ACTUAL 1/25 F. O. SV 01/10/
	SIGNATURE M.D. 1835 Eye SK NW-DC
	PHYSICIAN'S NAME (Type) NM, R. MOSES - 4-1/
	REBUSIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or caunty) (Stote) REBUSIAL Specify 1/12/60 Fort Lincoln Cemetery Prince Georges County.
	burial 4/12/60 Fort Lincoln Cemetery Prince Georges County, FUNERAL DIRECTOR'S SIGNATURE ADDRESS // 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	The 1 H Henry Co 4901-14-St 712 G DATE APR 12'60 Cirling S. Known
a	MAN MANSON A 1 - 11 PARTIE, DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
743 CERTIFICATE OF DEATH 1743

1.4641

		L	/ -	400	
D HOSPICE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2/ 20 urs after death. Page 4	may be nined by the haspital ar attending physician. D. FUNER'AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to the funeral director.	page 3 shaula be detached for use as the burial-transit permit. Then please remove carbon papers. Fages 1 and 2 shaula be filled with the State Board of Health priar to burial, crematian, ar remayal, and in any event with 72 hours after death.)	

VR A1S (4) 15M 9/59

		19 (7)								
o. COU	of DEATH INTY ntgomer	y	MARYLAND	2 USUAL RESID G. STATE Pennsy	ence (who	ere deceased	Hered. If institute b. COUNTY		e before ac	imiss on)
RUR/	AL and give nee		c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If or		rote limits, write f	tURAL ond gi	ive negrest	town)
	thesda		25 days	Harris					LAX	
OR I	INSTITUTION -	AL (If not in hospital, give street	oddress)	d. STREET AL					0	RESIDENCE
U.	S. Nav	al Hospital		1823 M	ulber	ry St	reet		YE	S NO [
3 NAME DECEA: (Type o	SED	First Sara	Middle Elva	losi BRO		4. DATE OF DEATH	Apr		Doy 16	Yeor 19 60
5 SEX		6. COLOR OR RACE 7. MAR		B DATE OF BIRTH			9. AGE (In years	IF JNDER 1		INDER 24 HI
Fema.	le	Caucasian wipow		3-8-13			lost birthdoy)	Months	Doys Ho	ours Min.
10a, JSUA	AL OCCUPATIO	N (Give kind of work done 10b.			ACE (State of	or foreign co	ountry)	12 CITIZ	EN OF WH	IAT COUNTR
	g most or work ficer	ing tife, even if retired)	J. S. Navy	Pe	nnsvl	vania		U.	S.A.	
13. FATHE	R'S NAME		<u> </u>	14. MOTHER'S	W					
Joh	nn BROW	N		Mabl	e YEA	GER				
15 WAS D	DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. II	NFORMANT			Add	Iress		
Yes, no or	enknown,	1943101960	201-16-4558 H	ospital	Recor	ds				
1B. C		TH [Enter only one couse par li								L BETWEEN
1 1	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	urema							
1	1.5-0	DUE TO	· · · · · · · · · · · · · · · · · · ·	01.	1.	-				
	ditions, if on	y, which) (b)	ne Fin	(~C~~)	Tru	ercere,	r)			
	e rise to in e (o), stoting t	he under- DUE TO	erreteral	77/200	. /	and	en in			
	g couse lost.							-		
CERTIFICATION (ILL CATION	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMII	NAL DISEAS	E CONDIT ON GE	VEN IN PART	Pf	VAS AUTOPS ERFORMED? S 🙀 NO [
	ACCIDENT WAS ONTRIBUTING THER, NOTIFY	S UNDERLYING TO 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D (Enter noture of	injury in P	ort I or Par	t II of item 1B)			
				ACE OF INJURY (F	lome, form,	, 20f. (City	or town)	(C	ounty)	{Stal
WED	Hour p.m.	19 While	TAOL WILLIE	ctory, street, office	bidg., arc.	'				
21 1	certify that	r (I) (III) (III) (III) (III) atten								
saw	he decease	ed alive an April]	6 1960 , and that a	death accurred	otlOA	M, from	the causes or	nd an the	date sto	ited abav
220 9	GNATURE			ATTENIDING	3 46		CTAFF			22b DATE SIGNI
1.1	1 30	. Ct (1) 7 0	er galo	M.D PHYS		RECTOR	STAFF PHYS		4-	17-60
22d P	PHYSICIÁN'S NAME (Type)		()	22d. ADDRE		_				
1		oseph A. MURGA	LO, T.T. MC, USI	U. X	. Nav	al Hos	spital, I	3ethes	da, M	d.
230 BJR /	AL, CREMATION	N. 23b. DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY		23d. LOCA	TION (City, town,	or county)		(Stote)
Bu	OVAL (Spec fy)	4-21-60	Arlington N	ational		Arli	Ington	1	Virgi:	nia
24 FUNER	HAY DIRECTOR'S	S HUTTE TO THOME	ADDRESS				TRAR 255 REG	ISTRAR'S SIG	SNATURE	
TJ TJ	Chamber	E Funeral Home	3072 M S+ MJ	WashDC	narr ADI	p 2 1 16	0 0.	Itua 9	Hansa	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 7.77.7.

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- 1-			P4.74								
	1. PLACE OF DEATH a. COUNTY			MATERIAN	2. USUAL RE o STATE		nere deceased live	b. COUNTY	3.4		
ŀ	b. CITY OR TOWN (Montgomer If autside carporate lim		LENGTH OF STAY IN 16	c. CITY O	Mary TOWN (IF	Land outside corporate	limits, write RI			town)
	RURAL and give n	for			11 × 1	Bethes	nd o				
ŀ	d NAME OF HOSPI	AL (If not in haspital, i	give street add	dress)	d. STREET		oud			e IS	RESTDENCE
	OR INSTITUTION 4858	Battery	Lane		*	4858	Batter	y Lan	e		S NO S
	3. NAME OF DECEASED	Fi	rst	Middle		ost	4. DATE	Mon	th	Day	Year
	(Type or print)	MIN	NIE	J.	BROWN:	ING	DEATH	Apr		11	19 60
	S SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B DATE OF BI	RTH	9 4	GE (In years			JNDER 24 HRS
	Female	White	WIDOWED	DIVORCED	Nov.	4, 18	384 7	5 yrs.	5	7	NOTS PAIR
Ī	10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b. Kil	ND OF BUSINESS OR INC	USTRY 11. BIRTH	IPLACE (State	ar foreign count	TY)	12. CITIZI	EN OF WH	IAT COUNTRY
1	Housew:	lfe		***		Delav	vare			US	
ſ	13. FATHER'S NAME				14. MOTHE	R'S MAIDEN I	NAME				
ı	Robe	rt S. Mor	ris			Sally	Johnso				
1	15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR		CIAL SECURITY NO. 17.	INFORMANT		aught e r		** Mar		
Æ	No		No	ne	Virgin:	ia Huo	dson-10	012 S	innot	Dr.	Beth
Ī	18. CAUSE OF DE	ATH [Enter only one co	ouse per line	for (a), (b), and (c)	11.	- 0-	-				AND DEATH
	PART I. DE	ATH WAS CAUSED BY: _IMMEDIATE CAUSE (c	(La	ural o	1221	nice	y way			90	ely S
	4	DUE TO	1/	100/2	1	10.1	2 1/10			1	(12.
	Canditians, if a		1 / X	perfect	13 /4	uni	REE-C	7 /			Jean
	gove rise to i	NUE TO			•					1	,
ı	lying couse lost.		c)					<u> </u>			
	PART II OF	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)									
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRI	IBE HOW INJURY OCCUR	RED. (Enter noter	af injury in	Part I or Port II	of item 18.)			
1	Y 20c. TIME OF INJUI	RY Month, Day, Ye			PLACE OF INJUR factory, street, of			tawn)	(Co	ounly)	(State
J	Hour o.m.	19	While at work [IAOL MILIE	, acrony, arraci, ar	rec wage, en	"') []				
1	21 I certify the	at (I) (I lais-hospita	1) attended	d the deceased from	n	19	47 to AY	RIL 1	1 196	9 that	(I) (well as
		sed prive on HI	RIL	1/ 19.6 Oand that			M, from the	causes an	d on the	date sto	ated above
	220 SIGNATURE	(Ja	ell,	120.	M D PHYS	ING M	ED _	STAFF PHYS.		41.	1 SIGNE
	22c PHYS CLAN S	.TAU	BB,	M,D	22d. AD	DRESS (TA.AL	15 SI	1.16	11	1)-
	23a. BURIAL, CREMATIC		OF	23c NAME OF CEMETERY	OR CREMATORY		23d LOCATIO	V (City, tawn,	ar ,cauty)		(State)
	Burial (Specify	4/14/6	0	Ft. Linco	ln Ceme	etery	Prir	ce Ge	orge	Co.	Md.
	24, FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			D BY REGISTRAL		STRAR'S SIG	4 4	
	Robert A	Pumphre	V Be	thesda Me	brelvr	DATE A	PR 1 2 '60	a	Thurs of	Trans	par."

may be uned by the haspital or attending physician.

5 FUNE — DIRECTOR: After this certificate has been signed by the attending physician and completely fille — by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event within 72 haurs ofter d—th OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 TO HOST may b TO FUNE

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requires that the death certificate be



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND

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		. 474	7	CERTI	FICATI	OF DEATH				() TE (¥,,	
	PLACE OF DEATH	no toomers		MAR	YLAND 2	usual residence (WHO) STATE Washington,	_	b COUNTY	on: Resid	ence befo	re admiss	ion)
-	b. CITY OR TOWN (II	autside/corporate/limi	ils, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If o			URAL on	d give ne	arest laws	1)
10	Bethesda	(Rural)		1 day		Washington,	D. C		,	4 **		
1	d. NAME OF HOSP T.	AL (If nat in haspital, g	give street	address)	i i	d STREET ADDRESS			-		e. IS RES	IDENCE FARM?
		al Hospital	L			1682 Irving	St.,	N. W.				NOA
	NAME OF DECEASED (Type or print)	Veli		Middl Rodri		CARMONA	4. DATE OF DEATH	Mon Apri		D:		Year 19 60
5	SEX	6 COLOR OR RACE	7 MARE	HED NEVER MARE	RIED []	DATE OF BIRTH		9. AGE (In years		1 -		ER 24 HRS
Fe	male	Caucasian	WIDOWI	DIVORC	ED 🗍	6-21-24		last birthday) 35 yrs	Month	Days	Hours	Min
10a	USUAL OCCUPATIO	N (Give kind of work ling life, even if retired	done 10b	KIND OF BUSINESS	OR INDUSTR	Y 11 BIRTHPLACE (State	ar foreign	country)	12 C	ITIZEN O	F WHAT	OUNTRY?
	Housewife	ing inc, even il remed	,			Chile			0	hile	_	-
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME					
	Waldo RODI	RIQUEZ				Caida BALL	INI					
		R IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. IMTG	EPA EPAT		Add	ress			-
,	No	ir yes, give war or dates or i		None	Hos	pital Recor	ds					
	18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne far (a), (b), and (c	:).]						ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY.		ulmonare	1 o hom	100				ON	SET AND	DEATH
	673	4 DUE TO	- 17									
	Candilians, if ar	ny, which) //	. 10	so bes as	annu.	las acced	ent.					
	gove rise (a in cause (a), stating				Political Calmina							
	lying cause last	ne under-	to	demea o	of ps	eamanos!	*					
CERTIFICATION	PART H. OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO D	EATH BUT NO	OT RELATED TO THE TERMI	INAL DISEA	SE CONDITION GIV	EN IN P	ART 1(a)		PRMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I ar Pa	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. m	Y Manth, Day, Ye	ar 20d II While at war	NJURY OCCURRED Not while at work	20e. PLAC! factor	E OF INJURY (Hame, form y, street, affice bldg., etc	-)	ly ar town)		(County)		(State)
	21 I certify tha	t (l) (t blockskopis	l) attend	led the deceased	d fram. AI	oril 26 19 oth accurred a 9:1	60 to.	April 27	, 19	60, 1	nat (I) (₩¥) lasi
	220 SIGNATURE	ed alive an Ap:	in almosto. Ca	J 1900. , an	d that dec	oth accurred atz	M, fran	the causes an	nd on t	he date		b DATE
	lan	nes Huis	tino	ę	М		ED IRECTOR	STAFF PHYS			4-27	SIGNED -60
	22c PHYS CIAN'S NAME (Type)	J. A. AUSI	IN, I	LT, MC, US	N	U. S. Nave	al Hos	spital, B	ethe	sda,	Md.	
230	BURIAL, CREMAT O	N, 23b DATE THERE	OF /	23¢ NAME OF CE	METERY OR C	REMATORY	23d LOC/	ATION (City lawn,	or count	()	(Sta	te)
Bu	rial Shipe	ent /	//	Unkno	wn		Sar	ntiago		Cì	ile	
21	Cheral Director	SSIGNATURE	Alu B.I. Ho	ADDRESS me Bethe	sde, M	aryland DATE	D BY REGIS			SIGNATU & Ku		

may be the naspitol or ottending physicion.

S FUNEX. DIRECTOR: After this certificate has been signed by the attending physicion and completely filled or to the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove action papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event within 20 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

urs ofter death. Page 4

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VR A15 (4) 15M 9/59

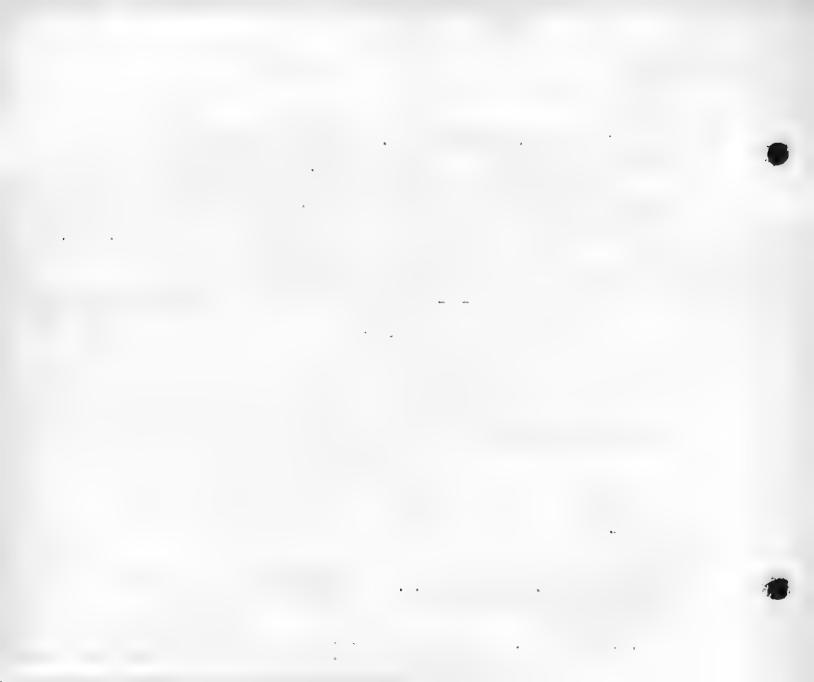


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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
4748	CERTIFICATE	OF	DEATH	_

								Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY Montgomery		MAR	YLAND	2. USUAL RESID			d fived If institut b. COUNT		before a	dmission)
b CITY OR TOWN (If outside corporate film RURAL and give nearest town)	its, write	c. LENGTH OF STAY	r IN 1b	11			prote limits, write	RURAL ond go	ve nearest	town}
Be the sda		10 days		Elizal	beth				75	X
d NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street		-	d. STREET A						RESIDENCE
The Clinical Center	Bet	hesda lli,	Md.	RD #1	Port	Vue_	Road		YE	S NO K
DECEASED	rst	Middle		Lost		4. DATE OF		nth	Day	Year
	ginia				thers	DEATH	Whi.		6	19 60
5. SEX 6. COLOR OR RACE	7. MARI	RIED 🔀 NEVER MARR	IED 🔲	B. DATE OF BIRTH			9. AGE (In years last birthday)			UNDER 24 HRS
Female White	WIDOW			May 17			39 yrs			
10a USUAL OCCUPATION (Give kind of work during most of working life, even if retired	1)		OR INDU				ountry)			HAT COUNTRY
Housewife 13. FATHER'S NAME		None		14. MOTHER'S	nsylv: MAIDEN N			U,	S	A.,
Charles Hoak				Sue Ma	arkel					
15. WAS DECEASED EVER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	D. I	NFORMANT The		ical 1	Record Ad	dress		
(Yes, no, or unknown) (If yes, give war or dates of		72-14-6672		e_Clinic					(smc)	end
18. CAUSE OF DEATH Enter only one of				0_02.21.20	EVE_001	1001	2001000	1 10-13	_	AL BETWEEN
PART I. DEATH WAS CAUSED BY:	Man	ocardial fa		re					ONSET	AND DEATH
IMMEDIATE CAUSE (3	0003.02002.20								
7/2		tral Steno	sis						13 :	years
gave rise to immediate (,						-			
lying couse ast	Rh	eumatic He	art	Disease				<u> </u>	13 3	years
PART II. OTHER SIGNIFICANT CON	2/10ITIONS	CONTRIBUTING TO DE	EATH BUT	NOT RELATED TO	THE TERMI	NALD SEAS	E CONDITION G	IVEN N PART	1(a) 19 V	VAS AUTOPSY PERFORMED?
Anesthesia induc	tion									S NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRE	D. (Enter nature al	injury in P	Part I or Po	rt II of item 18.)			
ZOC TIME OF INJURY Month, Day, You Hour a.m. p. m. 19				ACE OF INJURY (I			y ar town)	(Co	ounty)	(State
Hour a.m.	While of wor	Nat while		ciory, sirees, orrice	oragi, arc.	1				
21. I certify that I attended the	decens	ed from Memo	h 27	19 60	to A	pril (6 196	Othot I los	t saw ti	na dacenser
		60 and tha								
dive dii	f-1 1/	J. J. dild, illd	dean	decorred of			itreet, city or town		dule 31	DATE SIGNE
ACTUAL GRAV Che	ende	uld.n	2. K	A.D. The	Mini	o all Co	enten		1./	6/60
SIGNATURE / FAM COM							tutes of			J. 00
PHYSICIAN'S Lazar J.	reen	field, M.D	•				aryland.			
220. BURIAL, CREMAT ON, Zb. DATE THERE REMOVAL (Specify) 14/7/6	OF O	22c. NAME OF CEA	AETERY C			22d. LOCA	zabeth	or county)		(Stote)
The S.H. Hines Co	29	Ol APPEth	St.	N.W.	24a, REC'I	D BY REGIS	TRAR 24b. REC	SISTRAR'S SIG	NATURE	
The S.H. Hines Co		shington			DATE A	PR 8	'60	Inthun &	Kraus	
	71 45 %							1 4864		



CERTIFICATE OF DEATH 4749 Reg. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed **b** COUNTY MARYLAND eral b. CITY OR TOWN (If autside corpetale limits, write c. LENGTH OF STAY IN 16 8 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give people town) d. NAME OF HOSPITAL (If not in hospital, d. STREET ADDRESS a 15 RESIDENCE OR INSTITUTION ON A FARM? YES NO 🖸 NAME OF 4. DATE Middle Month Year Last filled OF DEATH DECEASED (Type or print) 19 S. SEX 6. COLOR OR RACE 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS completely 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday} Months Days WIED WIDOWED X DIVORCED . 10g. USUAL OCCUPATION (Give kind of work/dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) puo pan hours offer 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME physician move. IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (if yes, give war or dates of service) attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ā PART I. DEATH WAS CAUSED BY resk IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gned gave rise to immediate DUE TO cause (a), stating the underhas been si lying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES TO NO P 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) After this certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Not while at work at work 19 61 21. I certify that I attended the deceased fram ta. ___ 19___,that I last saw the deceased , and that death occurred at 5 detach M. fram the causes and an the date stated abave. DIRECTOR: DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) o FUNE 220. BURIAL, CREMAT ON 22b. DATE THEREOF 22d LOCATION (City, fown, or county) 22c NAME OF CEMETERY OR CREMATORY (State) Orange, 29/60 FUNERAL DIRECTOR'S SIGNATU 24b. REGISTRAR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/58

after death.

law requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Page

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DIRECTOR:

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5. SEX

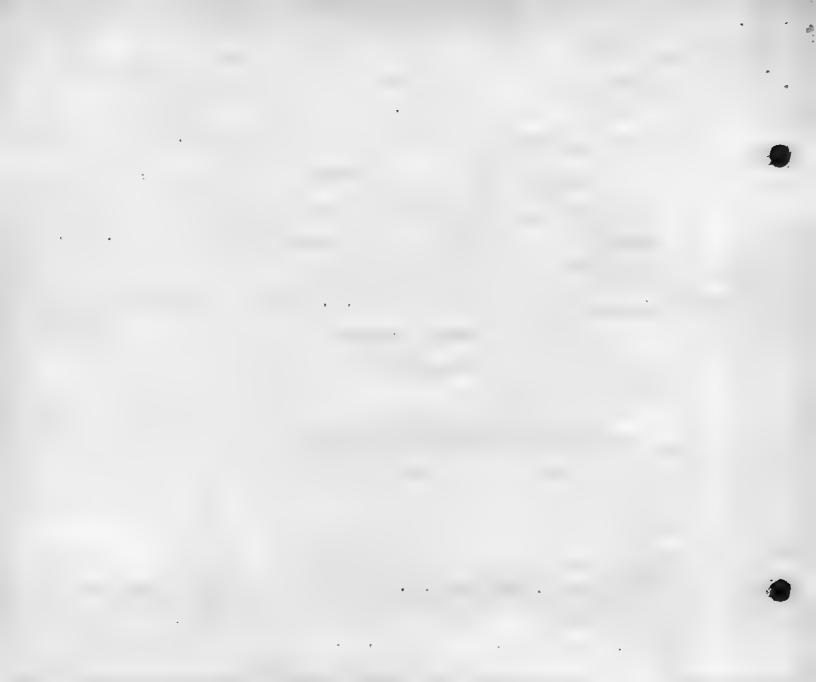


FOR STATE	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4717 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY MONTGOVERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admiss on) o. STATE MARYT AND b. COUNTY MONTGOVERY
sary Ples	b CITY OR TOWN (1 outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 42 KENSINGTON
rs neces ral dire ed for y Board	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3507 FARRAGUT ST. 1 d. STREET ADDRESS 3507 FARRAGUT ST. 1 IS RESIDER ON A LARM. YES IN NOTE:
he State	3. NAME OF DECEASED (Type of print) ELIZABETH B. CASEY DEATH APRIL 6 1960
d 3 to 1 d 3 to 1 may b 2 with t	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE In pours faut berindon 1 Months Days Hours Min. WIDOWED DIVORCED 3/1/76 9. AGE In pours faut berindon 1 Months Days Hours Min.
is death	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) UCITIZEN OF WHAT COUNTRY WILS'N, MADYIA'D U.S.A.
Poges m PM3. poges rent with	13. FATHER'S NAME J' 11N ROWAN 14. MOTHER'S MAIDEN NAME MARY KRARKER KEARNEY Address Address
thin 24 h 8. Give with form nit. File in ony ev	NO N
should be executed and "in hem, cominer's Office along as a burial-transit per lian, or removal, and	PART I. DEATH WAS CAUSED BY. Coronary occlusion Su'in
NINER: This certificate ing the word "pendit the Chief Medical Ex the Chief Should be used inor to burial, crama	PERFORMED 2- YES NO EXTERNAL CAUSE WAS PIMARY Or CONTRIBUTING OF CONTRIBUTION
TO DEPUTY MEDICAL EXAM RECUEL Certificate, write A sha ce forwarded to a sha ce forwarded to	opinion death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) I director. Pay for your files. e. COUNTY b. COUNTY Mentgemery Marvland Mentgemery MARYLAND b. CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY IN 16 c. CTY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give neerest town) Wheaton Vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 11806 Judsen Rd. 11806 Judsen Read YES NO IK 3. NAME OF DATE Middla OF (Typa or print) DEATH April29. 60 19 affer Ann Chapman 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH F UNDER 24 HRS. lest birthday) Months Days Hours WIDOWED -DIVORCED 10b. KIND OF BUSINESS OR NOUSTRY | 11. BIRTHPLACE (State or foreign country) CUPATION (G ve kind of work Give Pages 1, 2, arm PM3. Page 1 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relired) Own home U. S. A. England pages | within Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Saunders Mary Jones VS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass permit. (Yas, no, or unkown) | (If yas giva war or dates of service) Item #2 Office along with burial-transit permi Wm. A. Beall none no 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Sudden PART I. DEATH WAS CAUSED BY: Cerenary Occlusion IMMED.ATE CAUSE (e) DUE TO Years Hypertentien (b) gave rise to immediate cause **DUE TO** ne word "periods"s (e), steting the underlying cause lest. cremation, o PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/0 19, WAS AUTOPSY CERTIFICATION PERFORMED? History of previous corenary disease. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part I) of Itam 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Steta) forwarded to the Chi fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy | | Inspection X Inquiry X noinigo ym ni bns death resulted from: Natural causes X Accident Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER TO Frank J. Breschart, M. D. NAME (Type) Address (Street, city, town, or county) 226, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) CEDAR HILL CEMETERY ₫40 p BURIAL PRINCE GEO. COUNTY, MARYLAND 23. FUNERAL DIRECTOR ADDRESS 24s. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME SILVER SPRING, MD. arthur S. House '60 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

04651

	4	661	CERTIFICA	AIE OF D	CAIH				
1. PLACE OF DEATH a. COUNTY	M Usin i Unasi λ		MARYLAND	2. USUAL RES o. STATE	DENCE (WI		lived. If instituti b. COUNTY	on: Residence be	
RURAL and give	(If outside corporate limit nearest town)		TH OF STAY IN 16	c. CITY OR		viside corpora	te limits, write R	URAL and give r	nearest fown)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, gi 19009 EASTE ?)	Ve street oddress)		d STREET		~4°TFR	и Улимп.	7	8 IS RESIDENC ON A FARM YES NO
3 NAME OF DECEASED (Type or print)	First DON'L		Middle R •	CHRISTI		4. DATE OF DEATH	A TO	th LL 15	Day Year
S SEX	6 COLOR OR RACE	7 MARRIED [] N	DIVORCED	4/30/96	Ή	9	AGE (In years last birthday) 63 yrs	Months Days	AR IF UNDER 24 H
	TION (Give kind of work d orking life, even if retired)		BUSINESS OR IND Junior Go		,	or foreign cou		U.S.	OF WHAT COUNT
13 FATHER'S NAME				14 MOTHER	MAIDEN N	NAME			
CALVIN G. CHRISTIE FLORA BELL									
			Testa	tie	CAM	1/20	mai	1d. In	TTERVAL BETWEENSET AND DEA
lying cause los	g the under- DUE TO	DITIONS CONTRIBU	UTING TO DEATH B	LT NOT RELATED T	O THE TERMI	INAL DISEASE	CONDITION GIV	/EN IN PART 1(o	19 WAS ALTO PERFORMED YES NO
OR CONTRIBUTING	VAS UNDERLYING DATH FY MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCUR	RED. (Enter nature	of Injury in	Port (or Port	II of item 18.)		
20c TIME OF INJU Haur a.m	1.0	1	t while	PLACE OF INJURY foctory, street, office	(Home, farm re bldg., etc	20f (C'ty (or town)	(Count	ry) (S
saw the dece	nat (I) (this hospital)	m W I Zu	deceased fram	, , , , , ,	9.05	3210 M, fram t	///	_	that (I) (we)
22c PHYSICIAN'S	-66	Alu	aple	M.D PHYS	X Di	ED IRECTOR	STAFF PHYS		22b. DAT SIG
NAME (Type		uayse	Me AME OF CEMETERY	1, 18%	z Bilj	mare	St.M	Wash	ington
TO REMOVAL (Spec	10N, 238, DATE THEREO	, 1	RTH STDE	CEMETERY		BUTI TR	ON (City, town,	S COLLECTA	(Stote)
24 FUNERAL DIRECTO			DRESS San't		250 REC	D BY REGISTR	AB DEL DEC	STRAR'S SIGNA	THEF

TO HOSZIZ TO FUNE VR A1S (4) 1SM 9/S9

Mostral OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 than softer death. Per may alread by the haspital ar attending physician

D.FUNKSAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages 1 and 2 shault the state Board of Health prior to burial, cremation, ar remayal, and in any event, which 72 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4752 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04652

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY	Mantana				o. STATE Ma:			sed lived. If instit b. COUN	TV		pre odmi	usion)
1	h amena maren	Montgomery		MARYLAN						PIOI	-		
1	and give nearest town	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give						AGLEST SOV	vn)
-		Be the sda		D.O.A.	-	48 Chevy Cha 'e							
	d. NAME OF HOSPIT	•	nol in hosp	pital, give street address)		d. STREET ADDRESS						ON.	A FARM?
		Suburban				47			ey Boule	vard		YES [MO 3
1	3. NAME OF DECEASED	First		Middle		Lost		4. DATE OF	Mon		Day	Y	ear
1	(Type or print)	Peter				zanowski		DEATH	Apı		11		9 60
1	5. SEX	6. COLOR OR RACE	7. MARRIE	D K NEVER MARRIED] 8. D				9. AGE (In years lost birthday)	Months E	Doys	Hours	R 24 HRS Min.
1	Male	white	WIDOWED	DIVORCED [1	June 30	0,19	910	49 yrs.		7.	110018	Petri.
	too. USUAL OCCUPATION during most of working Physic.	g life, even if retired)		ind of Business or ind Bureau of Sta			(State		country)	12. CITIZ		S+4	COUNTRY?
Ì	13. FATHER'S NAME	John F.			14	, MOTHER'S MAI	DEN N	IAME A	Marion-	S D111	eti	_	
1	KXXX	Chrzanowski	i			×164	OXX	T.	Tat Toriga	3 + I(U.	3 L L		
Ì		ER IN U. S ARMED FOR		SOCIAL SECURITY NO. 17	7. INFO	MMANT	fe		Addres	Iter	n #	2	
1	No No	(If yes, give war or dates of s	HAHOE)	None	T			i oznak i	- Samo a			den	
F	18. CAUSE OF DEAT	TH [Enter only one cous	e per line f	for (o), (b), and (c).		THE MANY MANA	27.21	TONCAL		s abov	INTERV	YAL BETWE	EN
1	PART I. DEAT	H WAS CAUSED BY	10	Janan t	- 10	0	_				1	T AND DEA	
1	31.	IMMEDIATE CAUSE (o)		erroraly E		- Contract of						CACAR	
-1	Conditions, if a	DUE TO											
1	gave rise to immed	fiate couse	-			 							
	(o), stoting the s												
		(c)_ IER SIGNIFICANT COND	ITIONS CO	INTRIBUTING TO DEATH BE	JT NOI	RELATED TO THE	TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 15	WAS /	AUTOPSY
Ì	OF .							7 17 12					RMED?
8	20g. EXTERNAL CAU	ISE WAS 20h	DESCRIBE	HOW INJURY OCCURRED). (Ente	c nature of Injury	in Port	Loz Port II	of item 18)			-3 L1	NO (B)
	PRIMARY OF CONCAUSE OF DEATH.	ATRIBUTING []											
-	Y 20c. TIME OF INJUI	RY Month, Day, Year	20d. fi While	NJURY OCCURRED 200	PLACE foctory.	OF INJURY (Home afreet, office bld)	e, form	20f. (City	y or town)	(Cour	rlγ)		(State)
	Heur o.m.	19		rk of work									
	21. I certify th	at I took charge	of the r	emains described a	bove	, held an Au	rtopsy	/ 🔲 , T	nspection 📝	, Inquiry	· M.	and f	ind that
ı	death resulted	from: Natural o	auses 📈	, Accident 🗍,	Suicio	le 🔲, Hom	icide	□, υ	ndetermined	cause 🔲.	, –		
		-	1										
1	ACTUAL SIGNATURE	20-2 1-1	SM	sations		ALD. CHIEF MEDI	CAL EX	AMINER [1			DATE S	IGNED
-						ASSISTANT A	MEDICA	AL EXAMINE	R 🗆 🔒	, ,	,	/ .	
	EXAMINER'S NAME (Type)	FLANK J	L B	HISCHRIX		DEPUTY MED	DICAL E	EXAMINER	3 . *	1-11	-	60	
Ì	220. BURIAL, CREMATIC	N, 22b. DATE THEREOF		27c NAME OF CEMETERY	OR CR	EMATORY		22d. LOCA	TION (City, town,	or county)		(Slote	P)
	Burial (Specify)	4-14-60		Parklawn (Cem	etery		Moi	ntgomer	y Co.	, M	1d.	
	23. FUNERAL DIRECTOR	S SIGNATURE	1732	ADDRESS		240	. REC'E	D BY REGIS	TRAR 24b. REG	ISTRAR'S SIG	NATUR	E	
	ROBERT	A. PUMPHR	EX	Bethesda,	MO	DA	TE A	PR 13	'60	Irthur S.	tua	MA	

VS. A15ME(5) 5M 9/55

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

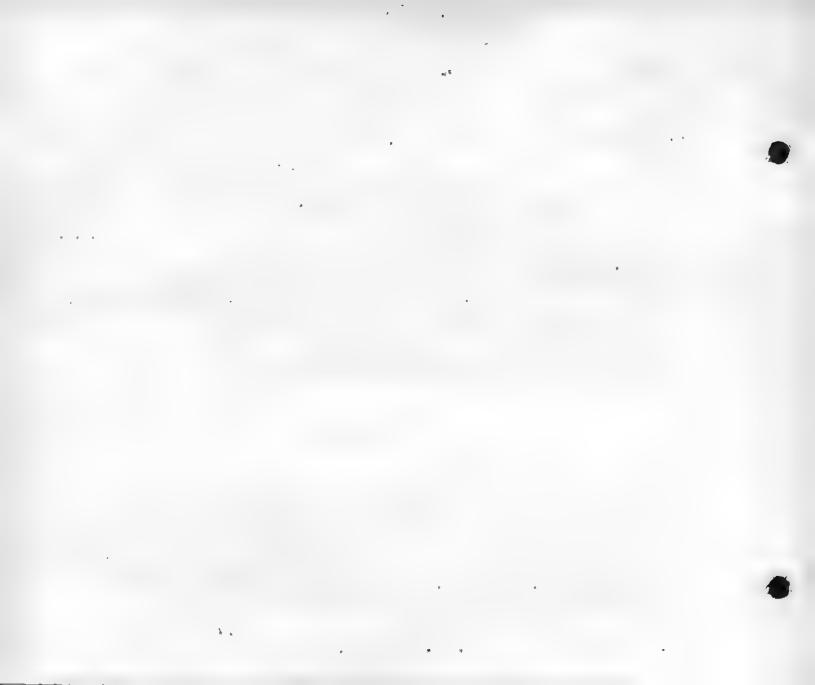
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VS A15 (4) 15M 9/58

irs after death. Page 4

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			470	13	CERTIF	-ICA	TE OF D	EAIF	1		Reg. I	Dist. No		
1	PLACE OF DEATH COUNTY Montgomery				MARYL	AND	2. USUAL RESIDE		ere decease	b. COUNTY			,	ion)
		Foutside corporate limi	ts, write	c. LENC	OTH OF STAY I	N 1b	c. CITY OR TO	WN (If o	utside corpo	orote limits, write				1)
1	Bethesda	ioresi rown)		51	davs		Hvattsvi	lle			16	27		
	OR INSTITUTION	AL (If not in hospital, g	ive street	address)			d. STREET ADI			·			e. IS RES	IDENCE FARM?
r		al Center.			14. Md		5014 60t	h Av	enue					NO 🛣
_	NAME OF	Fir			M-ddle		tasi		4. DATE	Mo	nth	De	зу .	Year
	(Type or print)	Jose	ph		John		Cifizz	ari	OF DEATH	Apri	2	22 19 60		
5.	SEX	6. COLOR OR RACE	7. MARE	RIED N	VEVER MARRIED	21.	. DATE OF BIRTH			9. AGE (In years	IF UND	-	IF UND	R 24 HRS
	Male	White	WIDOW	ED 🔲	DIVORCED		July 16,	195	6	lost birthdoy) 3 yrs	Months	Days	Hours	Min,
10	JSUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF	BUSINESS OR	INDUS	TRY 11. BIRTHPLAC	CE (Stote	or foreign o	country)	32 C	ITIZEN O	F WHAT C	OUNTRY?
1	Child	ing life, even if retired	'	N	one		M	aryl	and			U.	S.A.	
13	FATHER'S NAME						14. MOTHER'S M	AAIDEN N	IAME					
]	Philip J. (Cifizzari					Carol							
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL:	SECURITY NO	115	FORMANT The	Med	ical	Record Ad	dress			
ľ	(O	to bee die not de dorm of a		No	ne	The	Clinica	l Ce	nter,	Bethesda	a 14,	Mar	ylan	d
Г	18. CAUSE OF DEA	TH [Enter only one co										INI	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, Br	onch	ial Obs	tru	ction & B	ronc	hiect	asis		ON	SET AND	ears
	1587.	DUE TO												
	Conditions, if or		Cy	stic	Fibros	is (of the Pa	ncre	as				3 Y	ears
	gove rise to it couse (a), stating t	mmediate (,											
	lying couse lost.) (c)											
CATION	PARE II. OTH	ER SIGNIFICANT CON	2MOITID	ONTRIBU	JTING TO DEAT	TH BUT	NOT RELATED TO T	HE TERMI	NALD SEAS	SE CONDITION GI	IVEN N.P.	ART 1(o)		AUTOPSY RMED?
L CERT FI	20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING () () CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HO	W INJURY OC	CURRED	. (Enter noture of i	injury m F	Port I or Po	rt II of item 18)				
MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Doy, Ye 19	20d II While of wor	_ No	CCURRED 2 t while work	20e PLA foci	CE OF INJURY (Ho ary, street, office b	ome, form oldg., etc.	20f (Cit	y or town)		(County)		(Stote)
	21. I certify th	at I attended the	deceas	ed fron	m Marc	h 2	19 60	ta A	pril :	22, 19_60	Othat 1	last sa	v the d	ecensed
	alive on _ Ap:	ril 22	, 196				occurred at_7							
		an.	0 /	0	,		40001104 0124			Street, city or town		ne dan		E SIGNED
	ACTUAL SIGNATURE	Rosage	1. 1.	m	m		. The	Clin	ical	Center		4-23	-60	
				0	f			onal		itutes o	f Hea	1 t.h		
	PHYSICIAN'S NAME (Type)	GEORGE T. 1	BRYAN	, M.	D.					Manyland				
22	BURIAL, CREMATIO	April 26	1960	22c. N.	AME OF CEMET	rery or	CREMATORY		22d. LOCA	TON (City, town,			(Stat	e)
23.	F. Gasch	s signature s Sons 47	39 Ba	11toA	ve, Hya	tts	vmale, Md2	240. REC'I	PR 29	160 24b. REG	SISTRAR'S			

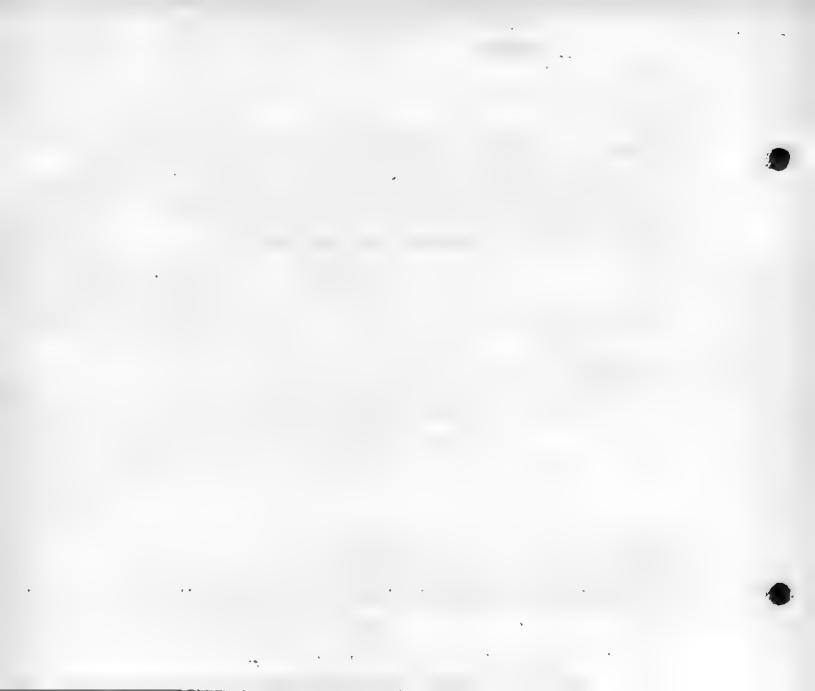


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		4000							
	PLACE OF DEATH O COUNTY	2000	MARYLAND	2 USUAL RESIDENCE (o. STATE		P COUNTY	*gr.ore	ore odmiss	(on)
	b. CITY OR TOWN (If but RURAL and give neares	side corporate limits, write	c LENGTH OF STAY IN 16		If outside corporate in		IRAL ond give no	arest lown)
	and the same of th		6 das	X C/	£				
		If not in hospital, give street	oddress)	d STREET ADDRESS	7				FARM?
2	it is it my	6 Billion F. 14	rin	726 100	ren Au	t_		YES [NO []
	3. NAME OF DECEASED (Type or print)	First	Middle Le	Cleffi des	4. DATE OF DEATH	Mont	h Di	-/	Yeor
	S SEX 16	COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B DATE OF BIRTH	9 AC	E (In years	IF UNDER 1 YEAR		
		with widow		12/26/90	lo:	t birthdoy)	Months Doys	Hours	Min
	10a. USUAL OCCUPATION (Give kind of work done 10b	. KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (Sto	ote or foreign country)	12. CITIZEN O	F WHAT C	OUNTRY?
	9		xxxxxxx Own ho		RGINIA		45		
1	13. FATHER'S NAME	Homemaker	TARREST OWI IIV	14 MOTHER'S MAIDER				-	
4	F	1-1 +6 1		XXXXXXXX	VVVVVVV T	DEA M	OTTE DITE	IOON	
,	15) WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	TVVV SVV. T	Addre	STEPHEN	120M	
,	(Yes, no, or unknown) (If yes	, give wor or dates of service)		Records		Audis		- I-	
	1 111		NONE	11500000		ft 10 M	1760,000		4.17
		Enter only one couse per I	one for (a), (b), and (c).]	/	11		ON	ERVAL BE	TWEEN DEATH
	PART I. DEATH \	WAS CAUSED BY. MEDIATE CAUSE (0)	ARRIBRAC !	MSCULAR	HOUD (H	RIVI		11/	IK.
		DUE TO			CH	Emore	RU		
	Conditions, if ony,	which) (b)							
	gove rise to imme	ediote (DUE TO							
	lying couse lost.	(c)							
	Z PART II OTHER S		CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TEL	RMINAL DISEASE COL	NOITION G VI	N IN PART 1(o)	19 WAS	AUTOPSY
	ATI								RMED?
	20g ACCIDENT WAS U	NDERLYING [7] 20b. DES	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Part I or Part II of	item 18.)			7.0 LJ
	PART II OTHER S	CAUSE OF DEATH							
	20c. TIME OF INJURY J	Month, Doy, Year 20d.	INJURY OCCURRED 20e	PLACE OF INJURY (Home, fo	orm, 20f. (City or to	wn)	(County)		(State)
	Hour o, m.	19 While	rk Ot work	foctory, street, office bldg.,	erc.)				
	-		ded the deceased from	II ACR	18/e 17 to 2	81281	19.661	hat (I) (wei last
	saw the deceased	alive an 1814	212_19 60, and that						
	220 SIGNATURE	, ,			edital inc				DATE
	Z.1116.1.16	all Carrie	6.1. A. h.	MID. PHYS	MED. ST	AFF IYS.		4/19	SIGNED
	22c PHYSICIAN'S	(p 0 (0) 0)	2/1	22d. ADDRESS				*/ *.	// 00
	NAME (Type) L	. MARSHALL CI	WILLIER, JR.	1407 Woo	dside Pkw	y., Si	lver Spr	ing,	Md.
	230. BURIAL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY						
	REMOVAL (Specify)		MARSHALL CE		23d LOCATION			(Stot	el
	BURIAL	4/21/60			MAKSH		IRGINIA	10.5	
	24. FUNERAL DIRECTOR'S SIL	UNITHREY, INC.	ADDRESS SILVER SPR	ING. MD.	FC PH SECISTICS	25b REGIS	TRAR'S SIGNATI	tall.	



LAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

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13

e. IS RESIDENCE

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Year

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Hours

INTERVAL BETWEEN

ONSET AND DEATH

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WAS AUTOPSY PERFORMED?

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22b. DATE SIGNED

Maryland

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CERTIFICATE OF DEATH

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY g. STATE b. COUNTY MARYLAND Maryland Montgomerv Montgomer b. CiTY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda Bethesda d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Coquelin Terrace 3227 3227 Coquelin Terrace 4. DATE NAME OF First Middle Lost Month DECEASED April VIRGINIA COUSTRY AT.TUT. DEATH (Type or print) IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF RIRTH 9. AGE (In years last birthday) Menths White Female WIDOWED [7] DIVORCED [7] Wits. 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Own Home Belgium Housewife 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeanne Van Orshaven Emile Sohie 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Roger Coustry-Husband-same as 2d No None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: ongestine IMMEDIATE CAUSE (a). DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. CATION PART IF OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 26d, INJURY OCCURRED (County) factory, street, office bldg, etc.) 0. m. While Not while of work at.wark p. m. 21 I certify that (I) (this haspital) attended the deceased from M. from the causes and on the date stated above. 196 Pand that death accurred at saw the deceased alive an 22a SIGNATURE ATTENDING STAFF PHYS. DIRECTOR [M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME ITYON 23a BUR AL, CREMATION 23d LOCATION (City, town, or county) Spring, Gate of Heaven

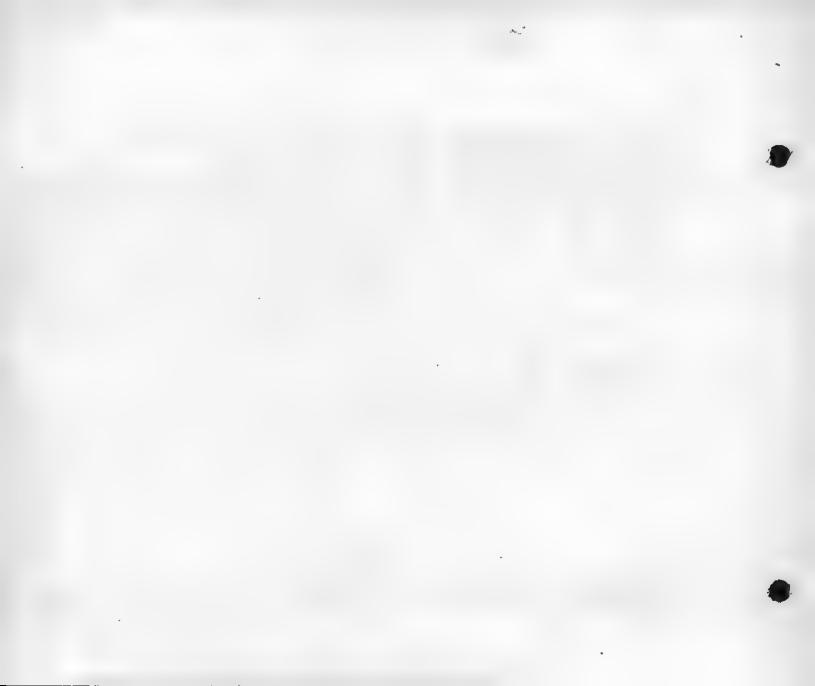
ISM 9/59

24 FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey

Bethesda, Maryland

25g, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

College & Kent APR 1 9 '60



Goshen Cemetery

Indiana

24a, REC'D BY REGISTRAR

DATE APR 25 '60

Goshen

C. Thur & Kraus

24b REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57 4/23/60

F. Gasch's Sons Hyattsville, Md.

23. FUNERAL DIRECTOR'S SIGNATURE

ofter death.



CERTIFICATE OF DEATH

2 USUAL RESIDENCE (Where deceased fixed If institution Residence before admission)

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2	be f

1 PLACE OF DEATH

a COUNTY

5 attending physical physica pug gned by permit. been sb rtificate has use of ä

requires that the death certificate

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Maryland b. Montgomery MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 15 days Rockville Bethesda (Rural d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION 713 Shetland Street U. S. Naval Hospital YES NO IX 4. DATE NAME OF First Middle Lost Month Day Year DECEASED 13 Claude Ernest CRAWFORD DEATH April 60 10 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED R DATE OF BIRTH 9 AGE (In years lost birthday) Manths Days Hours 12-10-96 DIVORCED [Ma.le Caucasian WIDOWED X 12 CITIZEN OF WHAT COUNTRY? 10a USJAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) U. S. Navy North Carolina U.S.A. Mariner 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Elizabeth BRIDGES John CRAWFORD WAS DECEASED EVER IN J. S. ARMED FORCES? 116 SOCIAL SECURITY NO 17 INFORMANT Address Mrs. Alice Gilmore, same as WWI above. Yes INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) } ONSET AND DEATH Myocardial Infanction PART I, DEATH WAS CAUSED BY: 2.5 weaks IMMEDIATE CAUSE (o) DUE TO Arteriorderatic Heart Disease Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES X NO Muccondial intenction-July 20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (State) Day, Year factory, street, office bldg., etc.) Haur a m. While Not while p. m. ot work 🔲 of work 🦵 2) 1 certify that (1) (1) (1) (1) (1) attended the deceased from March 29 19 60, that (1) (3004 lost saw the deceased alive an April 13 1960, and that death accurred at 2:25%, fram the causes and on the date stated above. 22a. SIGNATURE 22b DATE SIGNED MED DIRECTOR 4-14-60 MD USN 22c PHYSICIANA DAVIS, LT, MC, 22d. ADDRESS NAME (FPPE) U. S. Naval Hospital, Bethesda, Md. 23a BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVA. (Spec (y) Burial-Snipment 4-18-60 St. Columbus Cemetery Middletown Rhode Island 256 REGISTRAR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 24 (FUNERAL DIRECTOR'S S GMATURE Orthung S. Kraus DATE PR 1 8 '60 Pumphrey Funeral Home, Rockville, Md.

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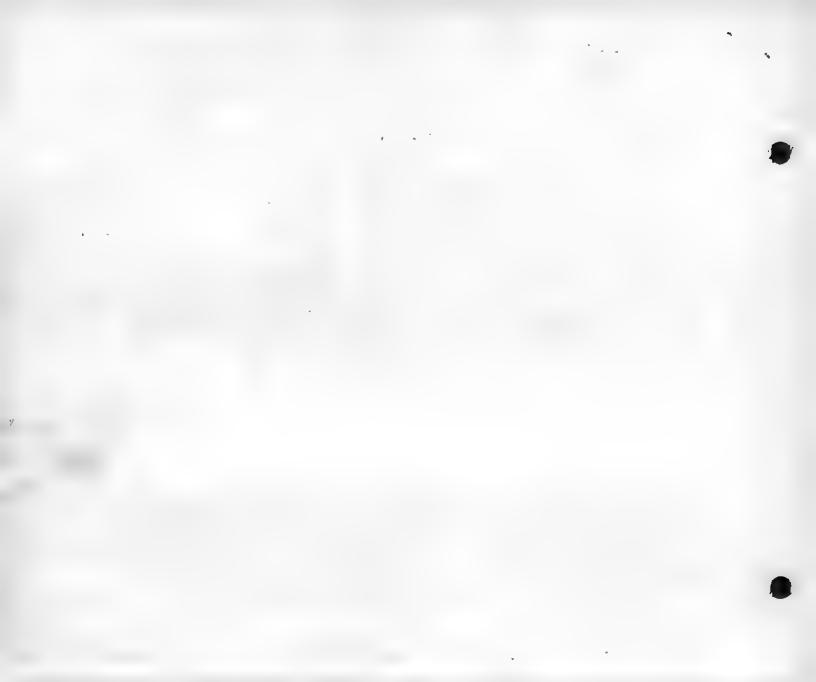
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DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4757 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY Montgomery MARYLAND Chio B. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. City OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bethesda DOA Columbus d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS PES DENCE ON A FARM? Suburban Hospital 1357 Jackson Pike YES NO A 3. NAME OF Middle 4. DATE Month Doy Yequ DECEASED OF DEATH 20 (Type or print) King Sheridan Davis 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS losi birthdoy) 51 Months Doys Hours White WIDOWED | DIVORCED | Male YES. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Bilgrim.Kentucky Construction Iron Worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tee Davis Unknown 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Unknown Hospital Records Yes INTERVAL SETWEEN DISET AND DEATH Sudden 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: Acute Myocardial insuffiency IMMEDIATE CAUSE (6) **DUE TO** Coronary Thrombosis sudden Conditions, if any, which gove rise to immediate cause **DUE TO** (a), stating the underlying Coronary Arteriosclerosis couse lost PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICO. 19 WAS AUTOPS Y PERFORMED? Collasped while working on construction job YES X 200. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not while of work at work 10. m. 21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection ... Inquiry \(\pi\), and find that

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(Stole)

DATE SIGNED

4/20/60

Undetermined cause .

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to the Chief I

ACTUAL

SIGNATURE

NAME (Type) Frank J. Broschart

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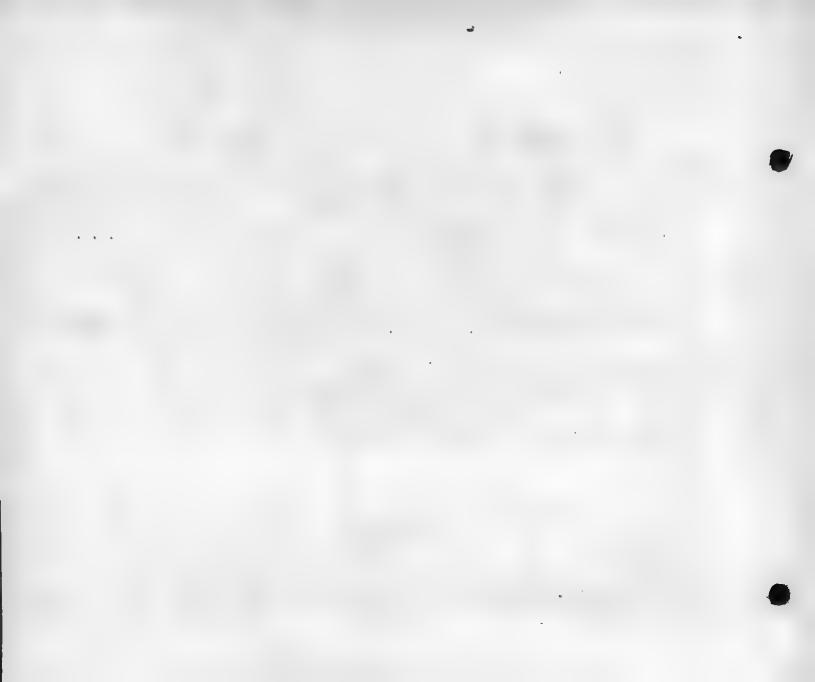
220. BURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stole) Burial-transit Davis emetery Martin County, Kentucky 4-21-60 ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bethesda. Md. DATE APR 25 '60 Cailan & Haus

ASSISTANT MEDICAL EXAMINER T

DEPUTY MEDICAL EXAMINER TO

death resulted fram: Natural causes X. Accident . Suicide . Homicide .

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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4758 CERTIFICATE OF DEATH

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Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWNAIT outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION NO NO NAME OF 4. DATE First Middle Month Day DECEASED (Type or print) DEATH 19 2 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 9 AGE (In years NEVER MARRIED last birthday) Months . Hours Doys DIVORCED [WIDOWED [10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR-INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS, WAS DECEASED EVER IN U. S. MEMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), a(b), and (c).] INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Candilions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES INO 20g. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e PLACE OF INJURY (Hame, farm, 120f (City or town) Month, Day, Year 20d, INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc. o. m. While Not while ot work at work pm. 21. I certify that I attended the deceased from hat I last saw the deceased alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) DATE THEREO 220. BURIAL, CREMATION 22b NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county). (State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE arthur & House

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STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution Residence before edm.ssion) a. COUNTY a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 15 outside corporate limits, write RURAL and give weerest town). IS RESIDENCE YES NO 7 DECEASED (Type or print) DEATH AGE (In fees | IF UNDER 1 YEAR) IF JNDER 24 HRS. 7. MARRIED NEVER MARRIED Months WIDOWED -DIVORCED 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME MORRIS C. DECKER CATHERINE HOFFMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Mrs. Laurine C. Decker, 8418 Piney Rr. Ct. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause **DUE TO** (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJJRY OCCJRRED | 20e. PLACE OF INJJRY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While _Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | . Inspection Inquiry 15¢ and in my opinion Natural causes 7 Accident Suicide Homicide Undetermined manner [death resulted from: CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE NAME (Type) Address (Street, city, lown, or county) 220, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) [State] REMOVAL (Specify) ARLINGTON NAT'L. CEMETERY Trating, 40 4/14/60 ADDRESS 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15MF SILVER SPRING. MD. DATE arthur & track 5M 7/59

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0.4662CERTIFICATE OF DEATH Reg. Dist. No. l director, filed with 2 USUAL RESIDENCE (Where deceased fixed If institution: Residence before admission) PLACE OF DEATH o. COUNTY o STATE MARYLAND MONIGOMEN OF ANGLOMER b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If butside carporate limits, write RURAL and give negrest lown) **EVRAL** and give nearest town) should 00 d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM 0 YES | NO IX NAME OF First Middle 4. DATE Last Month Year OF DEATH (Type or print) 1060 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS MARRIED T NEVER MARRIED T Months Doys Hours DIVORCED | WIDOWED M 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SOVERNMEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCEST/ 16 SOCIAL SECURITY NO. 17. INFORMANT ONR affending 01-18. CAUSE OF DEATH [Enter only one cause per line fog (a), (b), and (c) INTERVAL BETWEEN ă PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🔼 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 3' (County) factory, street, affice bldg., etc.) Hour e. m While Not while 4.38 at work at work p. m 21. I certify that Lattended the deceased from 19_60.that I last saw the deceased that death accurred at 2.497W, from the causes and an the date stated above. ACTUAL should PHYSICIAN'S NAME (Type) DATE THEREOF 22b. 220. BURIAL CREMATION, 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, Jawn, or county) (State) O FUN PREMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthur S. Himes VS A15 (4) 1SM 9/S5 DATE APR 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18...



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND EXAMINER 2. USUAL RESIDENCE (Where decesed I ved, If institution, Residence before edmission) PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND MONTGOMERY MARYLAND MONTGOMERY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necess town) director. write RURAL and give nearest town] ROCKVILLE ROCKVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6 IS RES DENCE ON A FARM? 325 YES NO Y 325 LINCOLN STREET LINCOLN ST. 3. NAME OF Middle Last 4. DATE Month DECEASED (Type or print) DEATH BETTY JANE APRIL 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years UF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days WIDOWED [DIVORCED [10 COL 10a. USJAL OCCUPATION (G ve kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME pages 1 within USA MARYLAND 14. MOTHER'S MAIDEN NAME Give JAMES H. BROWN
WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17, INFORMANT Address (Yes, no. or unkown) , (If yes give war or detes of service) POLICE RECORD 18. CAUSE OF DEATH fenter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPHYXIA 支...HR。 DUE TO Upper Respiratory Infection gave rise to immediate cause **DUE TO** (e), slating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Slate) fectory, street, office bldg., etc.) While Not While et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion 0 ite the certific forwarded to IL DIRECTO nated agent, Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 4/4/60 DEPUTY MEDICAL EXAMINER X EXAMINER'S NAME (Type) FRANK J. BROSCHART, M. D. Addr.
ON. 1 226. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 22d. LOCATION (City, lown, or country) 22e, BURIAL, CREMATION. 計 Rockville, Mi. County H ome. 240 g 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Rockville. APR 1 3 '60 arthur & Kinesa 5M 7/59

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jii Marka are	0		CERTIFICATE OF DEATH Reg. Dist. 1	No.
f director, filed with	Time 1	1	PLACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence be COUNTY OF CO	efore admission)
after death: the funeral shauld be fi		1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give nearest town) No all 16 16 3 wha	neatest town)
by the	X		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 52.35 Dawell Dime 40 June 1	e. IS RESIDENCE ON A FARM? YES NO
in 24 ho			NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DEATH Middle Douglasty DEATH A DATE OF DEATH OF DEATH	Day Year 5 19 (C
ed with			FEMALE WHITE WIDOWED DIVORCED SEPT. 29, 189 (last birthdoy) Months Doy	
e executer and components bon poper		7	TEACHER OF VOICE SPRINGFIELD, OHIO	OF WHAT COUNTRY?
	I		JOHN GROVER WEBB 14. MOTHER'S MAIDEN NAME GLENNA CCLEMAN	<u> </u>
S 6 7 7	-	15, {Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address on no or unknown) (If you give wor or dotes of service) 23 03 028/ DAUGHTER, MRS. VIRTINIA ()[FR DUVAL
the death a attendir			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) P'V LM UNARY EMBOLISM	ONE HOUR
es that I			Conditions, if any, which power rise to immediate (b)	2 DAYS
require		,	touse (a), stoting the under- lying couse lost. CARCINEMA OF PAYCREAS	1 YEAR
The fow a peysici has bee uriol-tran	0	TCATION		PERFORMED? YES NO
CIANG thending tificom s the bu			206 ACCIDENT WAS UNDERLYING CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	
PHYSI tal ar a this cer this cer ar use a remation		MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o. jt. While Not white at work at wo	ity) (State)
NDING INDING ie haspi Il Affer sched fo vurial, c			21. I certify that I attended the deceased from SEPT-18, 1954, to APRIL 5, 1960, that I last alive an APRIL 5, 1960, and that death accurred at APRIL 5, 1960, from the causes and on the	saw the deceased
R ATTE			ACTUAL SIGNATURE TO MALEMAN W. M.D. 1150 CONV. ALE, MV. W.	ASHE D.C
should stron pri	1		PHYSICIAN'S F.C. MAC MURRAY AP	RIL 5, 196
O HOSPITAL may be pose 3 shou		C	O. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specify) 4-6-60 CEDAR HILL CENERAL SUITIONAL, MARY	(State)
VS A15 (4) 15M 9/55		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS 240. REC'D BY REGISTRAR'S SIGNA ONLY 10 DATE APR 7 '60 ONLY 1	TURE



MEDICAL EXAMINER'S CERTIFICATE OF DEATH sary, please ear-Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Il institution, Residence before admission) g. COUNTY b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL end give negrest tawn) Bethesda D.O.A. Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Suburban 12611 Lahill Rd. YES T NO 5 NAME OF **First** Middle 4. DATE Month Yen DECEASED OF (Type or print) DovE Levi 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months. Days Hours Colored Male WIDOWED [7] DIVORCED I 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA Laborer 13. FATHER'S NAME ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMAN CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c),) INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ruptured aorta IMMEDIATE CAUSE (o) sudden DUE TO Crushed Chest Conditions, if any, which gove rise to immediate couse **DUE TO** (0), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Fracture of pelvis YES X NO [CERTIFIC 200. EXTERMAL CAUSE WAS PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Struck by falling tree while cutting it down 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) /60,0 foctory, street, office bldg., etc.) While Not while of work 11 128° m Bethesda Montg. Md. street 21. I certify that I tack charge of the remains described above, held an Autopsy Inspection , Inquiry, and find that death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause DATE SIGNED 00 ASSISTANT MEDICAL EXAMINER | **EXAMINER'S** 4/5/60 Frank J. Proschart DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county)
Arlington, Va. 22c. NAME OF CEMETERY OR CREMATORY (Stote) Arlington National, 0 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Lunden Rockville, Md. VS. A15ME(5) arthur & Kraus 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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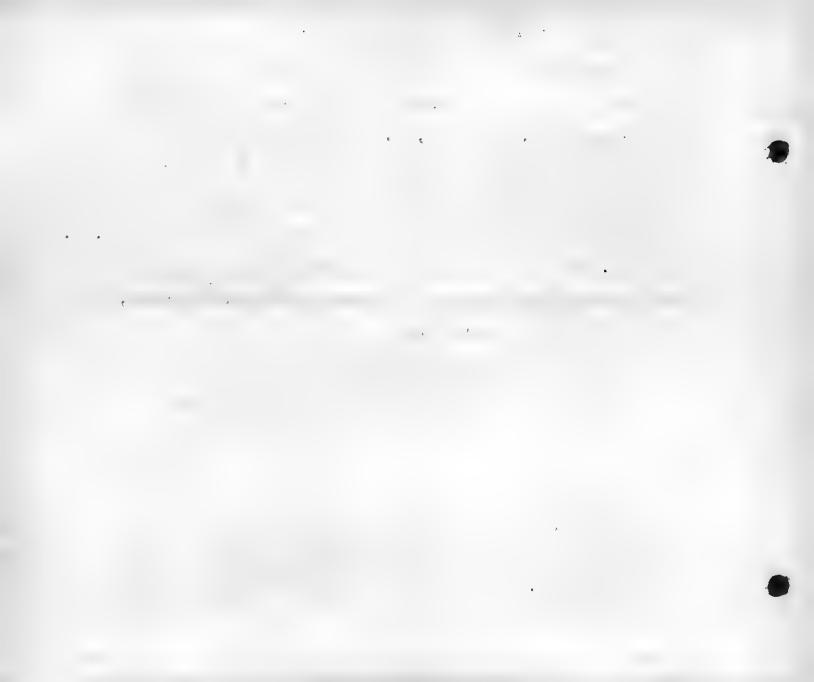
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VS A15 (4)

15M 9/58

after death. Page

requires that the death certificate be executed



Para Dist. No.

64667

25 11 37 140			Keg. Dist. No.
1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Georgia	hved If institut on Residence before admiss on) b. COUNTY
b CITY OR TOWN (If autside corporate limit RURAL and give nearest tawn)	s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	ole limits, write RURAL and give neares) town)
Bethesda	131 days	Byron	4
d. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION		d. STREET ADDRESS	e IS RES DENG ON A FARM YES TO NO
	Bethesda 14. Md.	No street addres	
3 NAME OF First DECEASED (Type or print) Davi		Dunbar, Jr	Month Day Year April 23 1960
5. SEX 6. COLOR OR RACE	7. MARRIED TO NEVER MARRIED	B. DATE OF BIRTH	O. AGE (In years IF UNDER I YEAR IF UNDER 24 lost birthday) Months Days Hours M
Male White	WIDOWED DIVORCED	February 5, 1933	27 yrs Manths Days Hours M
Oa. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	one 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign co.	inliy) I2. CITIZEN OF WHAT COUN
Veterinarian	U. S. Air Force	Florida	U. S. A.
I3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
David C. Dunbar, Sr.		Anne Snow	
IS, WAS DECEASED EVER IN U.S. ARMED FORE		NFORMANT The Medical R	ecord Address
Yes Presently	258-50-4734 Th	e Clinical Center.	Bethesda ll. Maryland
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. DUE TO			
CATIC	ations <u>contribut</u> ng to death but	NOT RELATED TO THE TERMINAL D SEASE	CONDITION GIVEN IN PART I(a) 19 WAS ALTO PERFORMED YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRE	(Enter noture of injury in Part I ar Part	(f of item 18.)
20c. TIME OF INJURY Month, Day, Yeo Hour o.m. p. m.	While Not while at work at work 20e. PL	ACE OF INJURY (Hame, form, ctory, street, affice bldg., etc.)	or town) (County) (S
actual signature authur R R Physician's NAME (Type) Arthur R. Ro	attman, M.D.	occurred at 3:55 AM, from the ADDRESS (SITE M.D. The Clinical Control National Institute Bothesda-11 Mar	tes of Kealth
220 BUT AL CREMATION, 226 DATE THEREO	22c. NAME OF CEMETERY O Harts Mortus	r crematory was any shipled to A	ON (City, tawn or county) (Stote) CON GEORGIA
23 TUNERAL DIRECTOR'S SIGNATURE	816 JAJ. 71.6. W	24a. REC'D BY REGISTION DATE APR 2 6 '60	- 2 10
runderer much of the	116 84 KJ. 18.0. 11	DATE APR 20 00	Coverni, 21, 7 stately

may be ned by the haspital or oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled if by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, or removol, and in any event within 72 hours after death. VS A1S (4) TSM 9/SB

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOSP

rs after death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4763 CERTIFICATE OF DEATH

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	2100	CERTIFICA	HIL	OI DEAII	•				
PLACE OF DEATH O. COUNTY MONTGOME	ry	MARYLAND	11 -	ISUAL RESIDENCE (MARYLAND	/here deceased	f fived. If institution b. COUNTY		before pdr	n'ssian)
b. CITY OR TOWN RURAL and give	(If autside carparate limits, write	c. LENGTH OF STAY IN 16		CITY OR TOWN (IF	autside carpo	rate limits, write F	RURAL and g	ve necrest to	awe)
Bethesda		59 days	-	Sarrett Pa	rk	/			
OR INSTITUTION	TIAL (if not in hospital, give street Val Hospital	et address)	- 11	d STREET ADDRESS	outh S	treat		10	RESIDENCE
					1				
3. NAME OF DECEASED (Type or print)	First	Middle Chro		Lost	4. DATE OF DEATH	Mar		Day	1960
SEX	Harrill	Stras RRIED NEVER MARRIED □	B DA	DYER TE OF BIRTH		9 AGE (In years	T	10	
				5-9-92		last birthday)		Days Hau	
Male	Caucasian WIDON ON (G've kind of work done 10				a or foreign co		12 CITIZ	EN OF WHA	I COUNTR
Chaplai	irking life, even if retired)	U. S. Navy			essee	, ,		S.A.	
13. FATHER'S NAME	ш	o. D. Hary	114.	MOTHER'S MAIDEN			0.	D.A.	
William	M Duram			Wilhelmin	a Hear	9			
	M. Dyer /er in u. s. armed forces? [1]	A SOCIAL SECURITY NO. 117	INFOR		o treg.		lress		
Yes, no, or unknown)	1917 to 1944		(e R. D	yer, sam	e as #	2 abov	re
18 CAUSE OF D	EATH [Enter only one couse per	line for (a), (b), and (c)	1.4		(INTERVAL ONSET AL	BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral	a	ronto	als			5	145.
332	X DUE TO	0.4-0		,					,
Conditions, if	any, which) (b)	arterioscle	200	Us				10 6	115.
gave rise to couse (a), statin	immediate							/	
lying cause fost									
PART II, O	THER'S GNIF CANT CONDITION	CONTRIBUTING TO DEATH 8	UTNOT	RELATED TO THE TERM	MINAL DISEAS	E CONDITION GI	VEN IN PART	PE	AS AUTOPS FORMED?
□ I OR CONTRIBUTIN	VAS UNDERLYING () 206 DI IG () CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR	RED. (En	ter nature af injury in	Part I or Part	t II af item 18.)			
20c TIME OF INJ.	JRY Manth, Day, Year 20d. Whi	le Nat while	PLACE (factory,	OF INJURY (Home, far street, office bldg., e	rm, 20f. (City	or tawn)	(C	ounty)	{Sta
	oat (I) (16163636361 0) atter	nded the deceased from		accurred at 4:	568mia	April 10	1960)_, that (l) (% e) lo
220 SIGNATURE	ased alive an April 9	and that	death	accurred at T.	29N, from	the causes a	nd an the	date stat	ed abay
120 3101141011	7. 7 Time	hant	M D.	ATTENDING PHYS X (MED DIRECTOR [STAFF PHYS		4-11	-60 SIGN
22c PHYS CIAN'S NAME (Type)	F. J. LINEHAN	JR., LCDR,MC	, USN	U. S. Na	val Ho	spital,	Bethes	da, M	ì
23a BUR AL, CREMAT	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CRE	MATORY	23d LOCA	TION (City, Iown,	ar county)	(5	state)
REMOVAL (Specif	1 4.533-60	Arlington	Nat	ional	Arl	ington	Vi	rgini	а.
24 FUNERAL DIRECTO	AS BIGNIMUNE SHE	ADDRESS		. 25a RE(D BY REGIST		ISTRAR'S, SIG	HATURE	
R. A. Pumo	hrev Funeral Ho	me. Bethesda.	Md.	DATEAP	R 1 2 '60)	ilma de ?	L'SAMO	

may be need by the hospital or attending physician.

TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled .6 by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSF

ars ofter death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
4764 CERTIFICATE OF DEATH

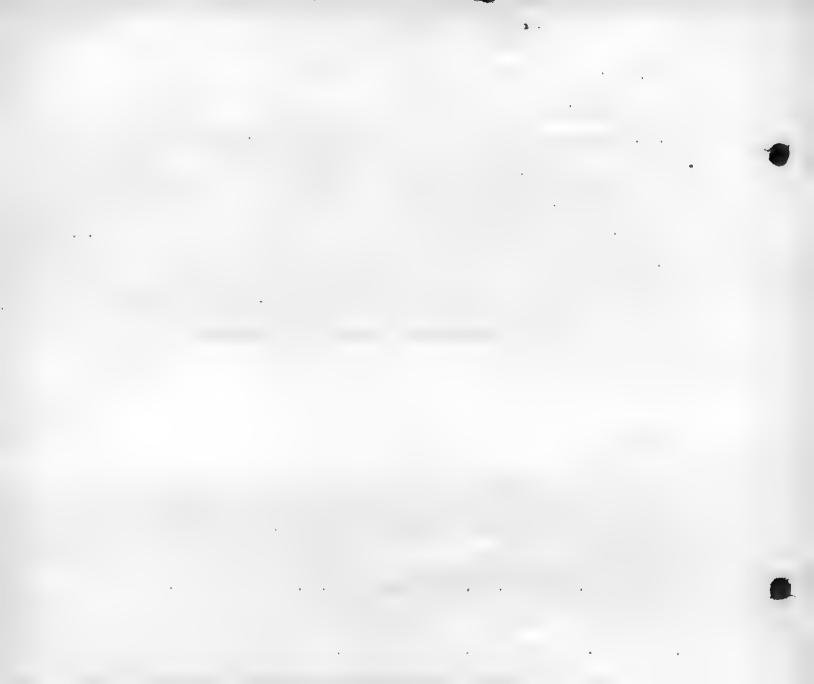
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4764

1	1. PLACE OF DEATH 0. COUNTY		44 A BAN A A AB	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: b. COUNTY	Residence b	pefare admission)			
	Montgomer	<u> </u>	MARYLAND	New Jersey						
	b CITY OR TOWN (I RURAL and give ni	If outside corporate limits, wi earest tawn)	c LENGTH OF STAY IN 1b		itside corporate limits, write RUR	At and give	nearest town)			
· ft.	Bethesda		28 days	Margate Cit;	У	()				
1	d. NAME OF HOSPIT OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					a IS RESIDENCE ON A FARM?			
		val Hospital		33 No. Clar	endon Ave.		YES NO 🔀			
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month		Day Year			
	(Type or print)	William	n Compton	ECCLES	DEATH Apri	1	25 19 60			
	5. SEX	6 COLOR OR RACE 7	MARRIED [NEVER MARRIED [B. DATE OF BIRTH			FAR IF UNDER 24 HRS			
	Male	Caucasian wo	OOWED DIVORCED	11-18-00	59 yrs	Months Do	ys Haurs Min.			
	10g USUAL OCCUPATIO	ON (Give kind of work dane king life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State of	r foreign country)	12. CITIZEN	OF WHAT COUNTRY?			
	Salesman	ang me, even it remed)	Clothing	Englan	d.	U.	S.A.			
1	13. FATHER'S NAME			14 MOTHER'S MAIDEN N	AME					
	Fred ECCI	LES		Clara DAGV	ILLE					
	15. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Addres	\$				
	Yes	WWI	150-09-4048 (W)	Edith B. Ecc.	les, same as #2	abov	е			
	18. CAUSE OF DEA	ATH [Enter only one cause ;	per line for (a), (b), and (c).)			1.5	NTERVAL BETWEEN			
	PART I. DEA	PART I. DEATH WAS CAUSED BY: Adenocarcinoma, rectum, with metastasis								
	DUE TO									
	Canditions, if o	ony, which) (b)								
		gove rise to immediate DUE TO								
	lying couse last.									
	PART II OTI	HER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1	19. WAS AUTOPSY			
9	I Lung ab	scess, right	upper lobe bronc	hus			YES X HO			
, i			DESCRIBE HOW INJURY OCCURRE		ort I or Part II of item 18.)					
		MEDICAL EXAMINER)								
		RY Month, Day, Year 2	od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)	20f. (City or town)	(Cau	nty) (State)			
	Haur a m		Vhi e Not while I wark of wark	ciary, sireel, dilice blag., elc.,	1					
5		at (1) (36X36X36X90) at	tended the deceased fram.	March 28 10	60 to April 25	10 60	that (1) (966) last			
-	saw the decea	sed alive an Apri.	1 25 1960 and that	death accurred at 6:4	opm From the causes and					
	220. SIGNATURE	SCG GHTC GHILLEGE TOTAL	AL 22 1/23 / GRA ING! (Sedin discorred di Lee	ATT, TOTAL THE COUSES GIVE	GII THE G	22b DATE			
		100.1		M D PHYS IX DIE	D STAFF		4-26-60 SIGNED			
	22c PHYS CIAN S	111	wing	22d. ADDRESS						
	NAME (Type)	K. M. MOSER	, LT, MC, USNR	U. S. Nav	al Hospital, Be	thesd	a, Md.			
	23a BURIAL CREMAT C	ON 236. DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, town, or	county)	(State)			
	Burial-Ship	ment 4-26-60	South Laurel	l Hill Cemeter	y Philadelphia	a .	Pa.			
	24 FUNERAL DIRECTOR					RAR'S SIGNA	ATURE			
	W. W. Cham	bers Funeral	Home, 1400 Chapin	n St., NW DATE APP	29'60 Call	un 8 to	inud			
	W 011-b	VCTT LLL		- Bill						

TO HOSP COR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tits after death. Page 4 may be a need by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 27 haurs after death VR A15 (4) 15M 9/59



Year

19 60

(Stote)

DATE SIGNED

(Stote)

arthur S. Krass

24a. REC'D BY REGISTRAR

VS A15 (4) 15M 9/SB

18

23 FUNERAL DIRECTOR'S SIGNATURE



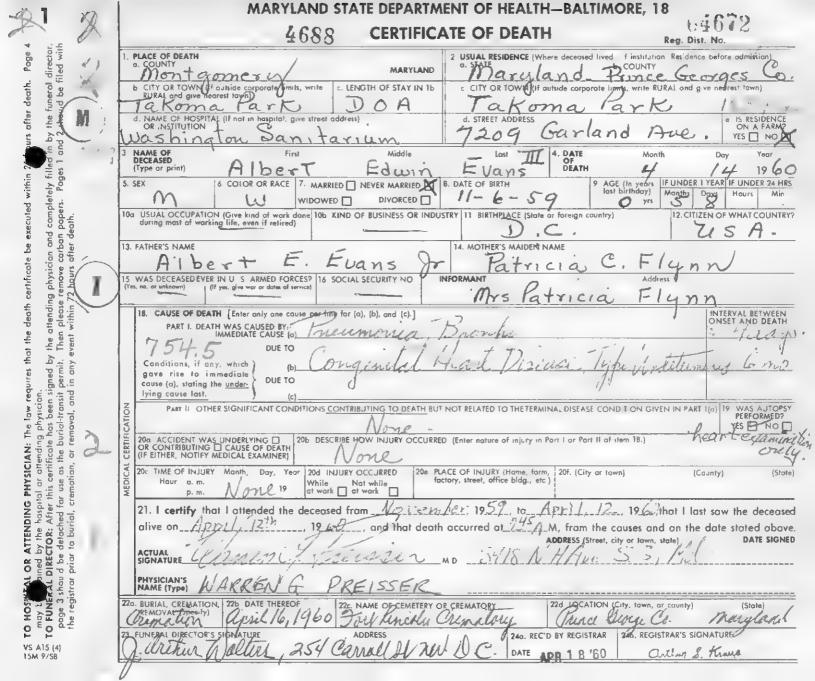
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4766 **CERTIFICATE OF DEATH** Reg. Dist. No. il director. filed-with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed If institution: Residence before admission) o. COUNTY New Jersey b. COUNTY MARYLAND Montgomery funeral uld be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) 21 days East Orange Bethesda d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 59 North 15th Street The Clinical Center. Bethesda L. Md. YES NO IN NAME OF Middle 4. DATE Month Day Yeor filled DECEASED OF DEATH David April 30 1960 Poges (Type or print) Roger Engle. Jr. S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIEDE 8. DATE OF BIRTH 9. AGE (in years lost birthday) Months Days WIDOWED | DIVORCED [January 20. 1943 Male Negro 10a. USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)

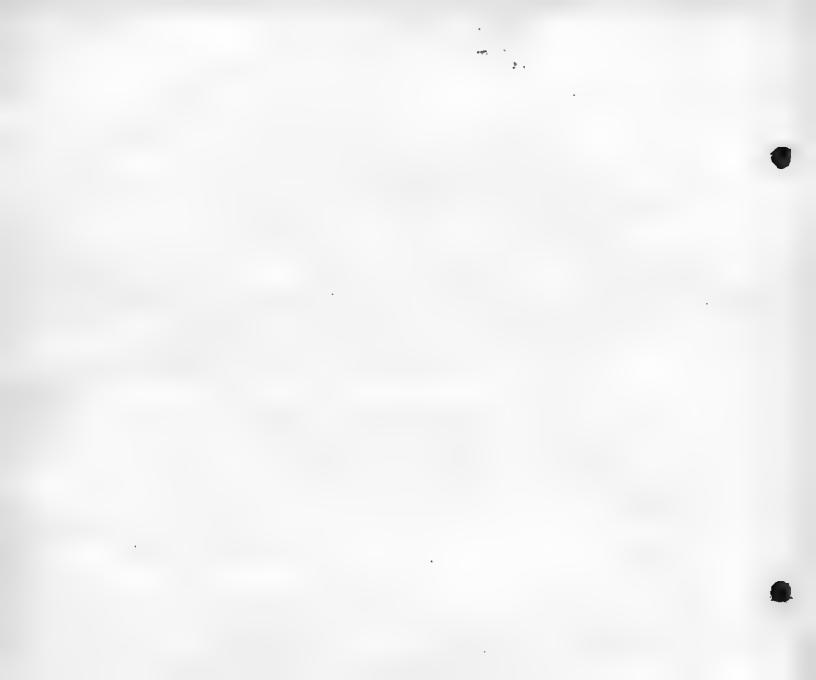
10b. KIND OF 8USINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY U. S. A. Student None New Jersey carba after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Melissa A. Eaton attending physician please remave of within 72 haurs Roger David Engle. Sr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANTThe Medical Record Address The Clinical Center, Bethesda ll. Maryland No None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN O hours PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) Hyperpotassemia DUE TO Renal and Myocardial failure Candil'ans, if any, which 2 days gned gove rise to immediate ě DUE TO couse (a), slating the under-Tetralogy of Fallot Life lying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? burial YES | NO 127 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of Item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour g. m. While Not while ot work ol wark p. m. 21. I certify that I attended the deceased from April 9 . , and that death accurred at 1:15AM, from the causes and an the date stated above tach alive an 9 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL The Clinical Center SIGNATURE National Institutes of Health PHYSICIAN'S Robert D. Bloodwell. M.D. NAME (Type) Bethesda Lu. Maryland 220. BURIAL, CREMATION, 22b DATE THEREOF 22d LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (Stote) 246 REGISTRAR'S SIGNATURE **ADDRESS** 246 REC'D BY REGISTRAR VS A1S (4) 15M 9/SB

after death. Page

law requires that the death certificate be executed







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that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	1
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CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Montgomery Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town? Silver Spring Bethesda d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION 1012 Elm Street Marilea Nursing Home YES NOS 3. NAME OF Middle 4. DATE Lost Year Month DECEASED Fields Julia (Type or print) \mathbf{E} DEATH April 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months White DIVORCED [Female WIDOWED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) US Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Magruder Unknown INFORMANT Daughter Address Bethesda. Md. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Mrs. Doris Causey-7113 Clarendon Rd. No 78-10-7835B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED 8Y: THROMBOSIS IOMINUTE. CURONARY IMMEDIATE CAUSE (o) DUE TO ARTERY DISEASC CORONARY Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CHOLECYSTECTOMY -Dec 1959 - NEVER FULLY REQUISION YES TO NO 🕰 200 ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Parf I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour o.m. While Not while at work at work 19.Co. that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 1 B M, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE BETHESDA PHYSICIAN'S 16 DONOUAN NAME (Type) 22b. DATE THEREOF 220 BUR AL CREMATION. 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Ft. Lincoln Cemeterv Prince George Co. Md. Buria 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR DATE APR 26 '60 Robert A. Pumphrey Bethesda, Maryland

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BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) COUNTY o. STATE **b** COUNTY MARYLAND MonJaamer tarmer4 CITY OR TOWN (If outside corporate timits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest town) Ver 1 4 bying d. NAME OF HOSPITAL (If not in hospital, give street address) S RESIDENCE ON A FARM? STREET ADDRESS OR INSTITUTION niversi YES NO K Vashingin anilarium NAME OF First Middle 4. DATE Lost Month Day Year OF DEATH DECEASED (Type or print) OX We apri doare 1960 S SEX B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED (ost birthdoy) Manths Doys. Hours temale WIDOWED A DIVORCED [5 100 USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Touse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DMON 1000 06 17. INFORMANT-WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address None ariumy 1B. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔃 NO 🗀 20a ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INSURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while ot work D. m. ot work L. 196: , that (1) (we) last 21 | certify that (1) (this haspital) attended the deceased from... 1964, and that death accurred at 450M, from the causes and on the date stated above. saw the deceased alive on -22o. SIGNATURE 22b, DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR 22c PHYS, CIAN'S 22d. ADDRESS NAME (Type 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ADDRESS 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250 RECYD/BY REGISTRAR

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Reg. Dist. No.

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(Type or print) Jules (None) Freund DEATH April 22,	19 60
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Physician Government Research Hungary U.S.	A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Herman Freund Sophie Johner	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT The Medical Record Address	
No UmascertainableThe Clinical Center, Bethesda 14, Marylan	nd
IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),]	BETWEEN
PART I. DEATH WAS CAUSED BY Bronchopneumonia week	
IMMEDIATE CAUSE (a) BYONCTIOPTREGMOTTA WEEK.	3
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21. I certify that I attended the deceased from August 11, 1958, to April 22, 1960, that I last saw the alive on April 22, 1960, and that death accurred at 3:15AM, from the causes and on the date state	ed abave
21. I certify that I attended the deceased from August 11, 1958, to April 22, 1960, that I last saw the alive on April 22, 1960, and that death accurred at 3:15AM, from the causes and on the date state. ADDRESS (Street, city or town, state) Description: ACTUAL The Clinical Center.	ed above
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21. I certify that I attended the deceased from August 11, 1958, to April 22, 1960, that I last saw the alive on April 22, 1960, and that death occurred at 3:15AM, from the causes and on the date state ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S James M. Marsh, M.D. Name (Type) The Clinical Center 1/22 National Institutes of Health Bethesda 11, Maryland 220. BURIAL, CREMATION, 126, DATE THEREOF 122C NAME OF CEMETERY OR CREMATORY 122d LOCATION (City, town, or county) (S)	ed above ATE SIGNED /60
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TO HOSPIZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate lie executed within 2 years after death. Page 4 may U. The hasp has a confidence of the hasp has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15Ⅲ 9/58



10 1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEPT.	1. PLACE OF DEATH 1. PLACE OF D
Page, les.	o. COUNTY MONTGOMERY MARYLAND O. STATE mel b. COUNTY MONTE
	b. CITY OR TOWN (if off do corporate m.ls, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate l'mils, write RURAL and give neerest town)
v 5 > D	Rockville D.O.A. Kenwood Park
Boar Boar	o. IS RESIDENCE ON A FARM?
dal	White Thirt Int Course 6900 Thirty St YES NO X 3. NAME OF First Middle Last 4. DATE Month Day Year
the Street	(Type or print) Same O A Friederica DEATH Ch. 2 1960
d 3 to d	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In Years IF UNDER 1 YEAR IF UNDER 24 HRS
and and 2 w	male white WIDOWED 1-25-1916 444 vs.
1, 2, 1996 Sand	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
hour ages 3. Pa ges 1	13. FATHER'S NAME
PM3.	Louis Friedran D. Lean novick
Within 6. Giv	15. WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no, or unknown) (If yes give warderdales of service)
uted with form 18. with formit.) YES I W. W II 1577- 54-5046 Mm Sa. Fredum (with) Itu- 2
execut ii In In long v ensit p	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
0 0 0 0 1	1420. / DUE TO
in pe Office Office buriel moval,	Conditions, if any, which (b)
	geve rise to immediate cause (a), stelling the underlying DUE TO
ertificate d "pendin Examiner s used as	cause lest. (c)
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ER: Ti g the v shoul shoul	
EXAMINER ste, writing if it chief M it. Page 3 sh rior to burial	20c. TIME OF INJURY Month, Day, Yeer 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Hour s.m. While Not While fectory, street, office bldg., etc.)
EX.A.	
2 4 U U	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inspection Inquiry A. and in my opinion death resulted from. Natural causes In Accident Inquiry In
MEDICAL o the certific orwarded to DIRECT thed agent,	CHIEF MEDICAL EXAMINER
MEDIC are the car forwarde L DIREC	SIGNATURE Trank 1. Buschart M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
NERAL designal	EXAMINER'S TO DEPUTY MEDICAL EXAMINER A 4-2-60
Diffix Mease should be to FUNERAL its designate	NAME (Type) Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
O 5 4 0 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	BURIAL 4-6-60 ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA
VS. A15ME	23. FUNERAL DIRECTOR / ADDRESS / 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 7/59	BDANZANSKY YJOHS-3501-141 St. N.W. DATE APR 7 '60 DATE APR 7 '60 Outly & Kings
	- Thank



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director, 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE filed b. COUNTY MARYLAND noomey Marvland death. CITY OR TOWN (If aulside carporate lights, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RURAL and give nearest town) Rockville Rockville d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES 🔲 NO 🐼 806 Bowie Road 4. DATE NAME OF First Middle Manth Day Year DECEASED (Type or print) LeRov DEATH 196 IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE S SEX MARRIED NEVER MARRIED 9. AGE (In years lost birthday) Manths Days Haurs DIVORCED [63 WIDOWED [male 100 USLAL OCCUPATION (Give kind of work dane 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? operating engineer G. DuBois. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME not known not known 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address S La 806 Bowie Road, Rockville INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? burial YES NO NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part t or Part I) of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, 20f (City or fawn) 20c, TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Nat while at work at work p m 19602 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram..... ped and that death occurred at 2M, from the causes and an the date stated above. saw the deceased alive an ed by # 220 SIGMADOR 226 DATE SIGNED ATTENDING PHYS. MED. M.D. 22c PHYS, CIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) poge the St REMOVAL (Specify) Arlington National Arlington, Virginia 256, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 2Sq REC'D BY REGISTRAR APR 28'60 VR A1S (4) arthur of thous DATE ISM 9/59



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e IS RESIDENCE ON A FARM?

Hours

12 CITIZEN OF WHAT COUNTRY?

Day

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U.S.A.

Days

Months

YES NO X

Year

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Address INTERVAL BETWEEN ONSET AND DEATH 5-6 mos. PERFORMED? YES 🔼 NO 🗆 (County) (Stote) 19 60, that (1) (36% last 22b. DATE SIGNED U. S. Naval Hospital, Bethesda, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) (Stole) Shadow Lawn Cemetery **TaGrange** Georgia 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR

VR A15 [4] 15M 9/59

FUNER

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BUR AL, CREMATION | 236 DATE THEREOF

4-16-60

A. Pumphrey Funeral Home, Bethesda, Md.

REMOVAL (Spec fy)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4769 **CERTIFICATE OF DEATH** Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY filed MARYLAND Montgomer D.C b. CITY OR TOWN (If autside carparate limits, write c LENGTH OF STAY IN 16 e c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) should Suburban Hospital Washington d. NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? in by tand 2 s YES NO F Suburban 38th. Street N.-NAME OF 4. DATE First Middle Lest Manth Year filled DECEASED OF DEATH (Type or print) Pages John Gall April IF LINDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years completely (ast birthday) Manths Days Hours DIVORCED [WIDOWED X popers. Wh ite M ale 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during mast af warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? State or foreign country) puo pou Clerk ofter 13. FATHER'S NAME 0 physicie hours remove INFORMANT S. WAS DECEASED EVER IN U. S. ARMED FORCES? Mhknown attending No ease within INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) ONSET AND DEATH ă PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ERIO SCLER HACUL BHR Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. burial-transit CATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? has YES NO TIC 20d. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part 11 af item 18.) certificate MEDICAL 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while at wark at wark p. m. 60 to , 19 Ghat I last saw the deceased 21. I certify that I attended the deceased fram detoched and that death accurred at 12:00 M, from the causes and an the date stated above. alive an DIRECTOR: DATE SIGNED þ ACTUAL 魯 3 should PHYSICIAN'S inic, Washington wash. FUNERAL NAME (Type) 22a BURIAL, CREMATION, 22b. DATE THEREO 22d. LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (State) pode REMOVAL (Specify) Laurel Grove Cem Burial Totowa. New Jersey 0 ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE Bethesda, Maryland Robert A. Pumphrey, APR 1 3 '60 VS A15 (4) arthur S. France TSM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) s. COUNTY **b.** COUNTY MARYLAND Florida Montgomery b. C TY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give negrest town) 48 days Ft. Myers Bethesda d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1668 Menlow Road The Clinical Center. Bethesda 14. Md YES IN NO IT NAME OF DECEASED Middle 4. DATE Month Year (Type or print) Alphonse Louis Girardin DEATH April 1960 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. KEX last birthdoy) Months Days October 20, 1912 Male White WIDOWED [DIVORCED | 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Medical Practice U.S.A. Georgia ond rban p er der Medical Doctor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alphonse L. Girardin Sally Fry INFORMANT The Medical Record Address IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes The Clinical Center, Bethesda 14, Maryland None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN 30 min. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Cardiac arrest Post- adrenalectomy 48 hrs. Conditions, if ony, which (b) gove rise to immediate **DUE TO** ronary artery disease with hypertension & couse (a), stating the under 6 years lying couse last PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IG. 19. WAS AUTOPSY CATION PERFORMED? YES IN NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (State) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work 21. I certify that I attended the deceased from February 20 1060, to April 8. 1960, that I lost saw the deceased alive on April 8. , 19 60 , and that death accurred at 6:45A M, from the causes and an the date stated above ADDRESS (Street, city or town, state) 4/8/60 ACTUAL SIGNATURE The Clinical Center National Institutes of Health PHYSICIAN'S Norman H. Bell, M.D. Bethesda 1/1. Maryland NAME (Type) 220 SURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, fown, or county) 22c NAME OF CEMETERY OR CREMATORY (State)

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been signed

23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY, Bethesda, Md.

4-8-60

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Certing & Heart

Ft. Myers, Florida



4771 **CERTIFICATE OF DEATH** Rea. Dist. No. With director, 1, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY be filed Montgomery BANYSMAN Maryland Montgomery ofter death. funerol b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Bethesda Westmoreland Hills. Md. 2 days shoul <u>+</u> d. NAME OF HOSP TAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION
Suburban 25 Duvall Drive 5419 YES NO 17 puo = NAME OF 4. DATE First Middle Month Day Year filled De Land Madeleine Goodwin DEATH 60 (Type or print) 6 19 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED 5 SEX B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS completely last birthday) Manths Davs 1/13/18 Female White WIDOWED [DIVORCED [7] 10a. USUAL OCCUPATION (Give kind af wark done done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? U.S.A. Portland, Maine Housewife puo carbon offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion John H. Walzer Susie May Morrison гетоме 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANTArthur E. Goodwin, Adres. 16. SOCIAL SECURITY NO (If yes, give war or dates of service) oftending , 72 Husband same as above eose CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO é Conditions, if any, which permi beuß gave rise to immediate DUE TO cause (a), stating the under puo lying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDIT ON GIVEN IN PART 1(0) 19. PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Haur a.m. While Not while at wark at wark 21. I certify that, I aftended the deceased fram. 1945 that I last saw the deceased alive an and that/death accurred at PM./fram the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or lawny ACTUAL SIGNATURE 3 should PHYSICIAN'S Albert S. Bright NAME (Type) TO FUNER 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY abod Arlington, 8,1960 Arlington Nat'l he Cem. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bethesda. Md. V5 A15 (4) Cathan & Kines '60 DATE APR 8 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



after death. Page

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YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DFPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence e. COUNTY y is necessary, I director. Page **b.** COUNTY Montg. Montgomery Maryland MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town, write RURAL and give nearest town} Takoma Park d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 7139 Maple Ave 7139 Maple Ave. YES NO K 3. NAME OF A. DATE Middla Month DECEASED Apr. 22, 1960 Clinton William Graves (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH last birthday) Months Days 10/8/1917 male white WIDOWED T DIVORCED T 1, 2, a 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? a Çe dona during most of working life, even if retirad) USA ould be executed within 24 hours? In pencil in Item 18, Give Pages Office along with form PM3. Paburlal-transit permit. File-pages 1 machenic auto. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 5. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyasgivewarordatasofservica) Bessie L. Graves (wife) 18. CAUSE OF DEATH [firter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN Carbon monoxide poisoning PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if any, which word "pending dical Examiner's gava rise to immediata cause **DUE TO** (a), stating the underlying 20 cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? NO X σ Found dead in running auto parked in rear yard of home 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING xecute the certificate, writing the defendence of the Chief MERAL DIRECTOR: Page 3 shassignated agent, prior to burial CAUSE OF DEATH. with hose attached to exhaust extending thru window. 2Dd. INJURY OCCURRED, 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or fown) Month, Day, Year (County) (State) factory, street, office bldg., etc.) Whila Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K., Inquiry X. and in my opinion death resulted from. Natural causes Suicide 30 Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER * should bruner Frank J. Broschart NAME (Type) Address (Street, city, town, or county) 22c. /NAME OF CEMETERY OR CREMATORY 22d. TOCATION (City, town, or country) 220, BURIAL, CREMATION, (Stata) 460 <u>0</u>40 248. REC'D BY REGISTRAR 1/2/46. REGISTRAR'S SIGNATUR FUHERAL DIRECTO VS. A15ME 5M 7/59

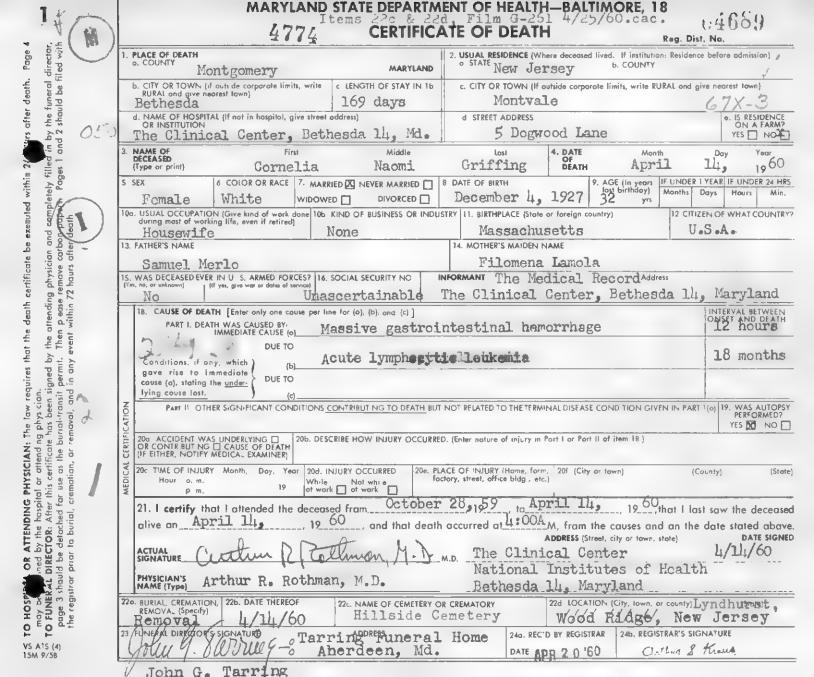


MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside Corporate limits, write RUBAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM YES NO NAME OF 4. DATE OF DEATH Middle Year DECEASED (Type or print) 19 Ct. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (n yours IF UNDER LYEAR IF UNDER 24 HRS last birthday) WIDOWED [DIVORCED T 34 yra Too. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. STRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 50 ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, 80, or unknown) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate cause **DUE TO** (o) stoting the underlying couse lost. "OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🔼 NO [200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While O. m. Not while of work of work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection [], Inquiry . ond find that deoth resulted from: Natural causes & Accident ... Suicide , Homicide , Undetermined cause . **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER ! ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Spec fy) 0 Arlington National Arlington, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bethesida, Maryland VS. A15ME(5) Pumphrev arthur S. Kraus DATE 0 1 9 160 5M 9/55



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) PLACE OF DEATH a. COUNTY o. STATE 6 COUNTY Northwest and a state at OTITO MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest fawn) RURAL and give nearest town NORMY JACKSON d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? ASOL TO VMODE STORET YES IN NO F STANDLE Middle 4. DATE NAME OF Manth DECEASED OF DEATH APRIL 3 1960 PITTAIL SYMMETRI (Type or print) 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGF (In years FUNDER 1 YEAR IF UNDER 24 HRS 5. SEX B DATE OF BIRTH last irthday) Manths Days Hours MATE WIDOWED TO DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
FARMER (Retired) U.S.A. OUN FARM NORTH JACKSON, OFIO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN LEVIE GREENAWALT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17 INFORMANT Address Mrs. Earl Soltz, 4501 Traymore St. Bei hexda, Mary HATERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO R 20a. ACC. DENT WAS JNDERLYING ACCONTRIBUTING ACCUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED (State) (County) factory, street, affice blda., etc.) Havr a. m. 19 60 While Nat while of wark 19 66, that (1) (we) last 21. I certify that (I) (this-hespital) attended the deceased fram. 1960, and that death accurred at 10 PM, from the causes and an the date stated above saw the deceased alive an. 22a SIGNATURE M.D. PHYS 22c PHYSICIAN S 22d. ADDRESS Csepth h. cowan 23a BURIAL, CREMATION | 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fawn, or county) (State) MAYONING COUNTY, OHIO NORTH JACKSON CEMETERY 24 FUNERAL DIRECTOR S SIGNATURE 250 REC'D BY REGISTRAR 756 REGISTRAR'S SIGNATURE SHIMER SPRING, MD. arthur & Hears







15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ofter death. law requires that the death certificate be executed within PHYSICIAN: The VS A15 (4) 15M 9/5B



22a. BURIAL, CREMATION, 22b. DATE THEREOF

4-9-60

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

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6.4692

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) G. STATE District of Columbia c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? 1101 7th Street, SE YES NO IX Month April 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years Manths 12 CITIZEN OF WHAT COUNTRY? District of Columbia U. S. A. INFORMANT The Medical Record Address The Clinical Center, Bethesda 14, Maryland INTERVAL BETWEEN ONSET AND DEATH 5 days PERFORMED? YES 🔣 NO 🗍 20e PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) 10 60 to April 4 1960 that I last saw the deceased _, and that death accurred at 5:30PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED The Clinical Center National Institutes of Health Bethesda ll. Maryland 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) Washington, D. C. Mt. Olivet

ADDRESS Alex S. Pope, Joh. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE

DATE APR

414-15th st. S.E.

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arthur S. Hand

1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04694 4692 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) · COUNTY o. STATE b. COUNTY MARYLAND Pr. Georges 1000 000000 LUOI b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z NAME OF Middle 4 DATE Lost Month Yeor DECEASED (Type or print) DEATH 19 6 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED AGE (In years lost birthday) IF UNDER TYEAR IF UNDER 24 HRS 8 DATE OF BIRTH Months Doys WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if relired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 72 haurs 16. SOCIAL SECURITY NO. 17. INFORMANT Buipu 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove rise to immediate DHE TO couse (o), sloting the underlying cause lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES T NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED Anier nature of injury in Part I or Parl II of ilem 18) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) Hour p. m. foctory, street, office bldg., etc 1 While Not while ot work all work p. m 21. I certify that Varienced the deceased from 1960 that I last saw the deceased and that death accurred at 1 12 AM, from the couses and an the date stated above. alive or DATE SIGNED ACTUAL o PHYSICIAN'S NAME (Type) 22 BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City or gounty) (Slate) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Onthun S. Huma will DATE MAY

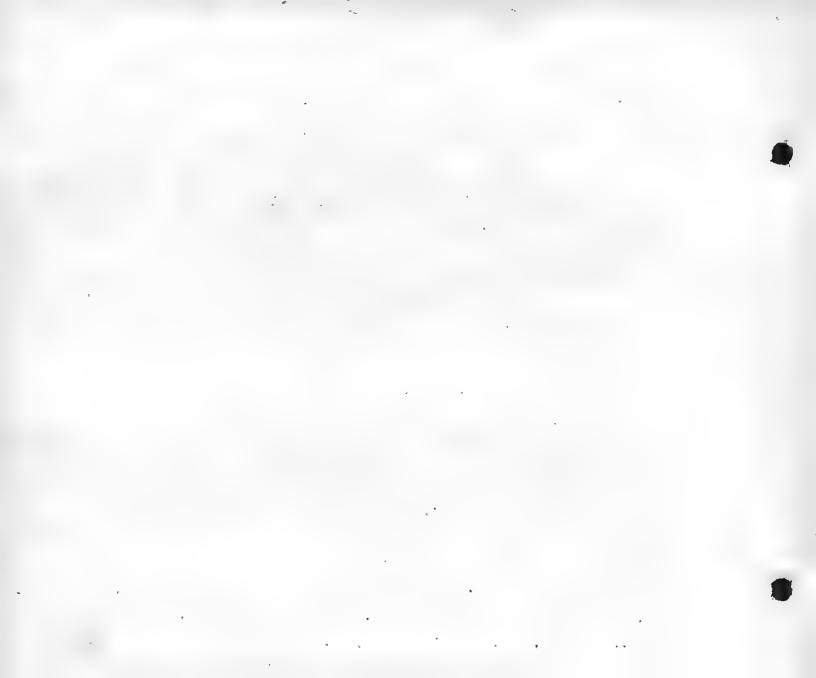


after death. Page

law requires that the death certificate be executed within

ATTENDING PHYSICIAN: The

AND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

after death. Page

100

funeral

filled

completely

pup

physician

attending

FUNERAL DIRECTOR:

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15M 9/58

law requires that the death certificate be executed



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaased lived, H institution: Residence before edm ssion) . COUNTY b. COUNTY MARYLAND C. LENGTH OF STAY IN 16 3. NAME OF DECEASED (Type or print) DEATH S. SEX 9. AGE (of yours IF UNDER) YEAR IF UNDER 24 HRS fast birt dmy) Months WIDOWED | DIVORCED 106. KIND OF BUSINESS OR INDUSTRY 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMAND (Yes, no, or unkown) | (Ifyesgive werordetes of service) 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19, WAS AUTOPSY CENTIFICATION 2Da. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Part I or Part II of riem 18.) PRIMARY TO OF CONTRIBUTING T CAUSE OF DEATH. Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) factory, street, office bldg., etc.) While Not While at work at work death resulted from; Natural causes X. Accident Suicide . Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) <u>_</u> 40 Bur-Transit Lawn Cemetery 248, REC'D BY REGISTRAR | 246, REGISTRAR'S S.GNATURE 23. FUNERAL DIRECTOR Bethesda, Maryland 5M 7/59

ARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE

Hours | Min.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

end in my opinion

DATE SIGNED

(State)

(County)

12. CITIZEN OF WHAT COUNTRY?



urs ofter death. Page 4 TO HOSP TO OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Twis offer death. Page 4 may be used by the haspital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, gremation, or removal, and in any event within 72 hours ofter death.

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	1. P	COUNTY MARYLA		STATE	NCE (Where		If institution	1	before admiss	lo n)
	ا	CITY OR TOWN of outside corporate limits, write c LENGTH OF STAY IN RURAL and give represt town)	1	101	()	de corporate iin			e nearest fown)
-	9	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	70	d STREET ADD		rring) }		FARM?
		Viain nexten Anturum + HOS	pital/	2119	r. a	ndulj	14 N	d	YES 🗌	NO []
		NAME OF First Middle & Middle & Middle & Marie	H	owell	4.	DATE OF DEATH	Month PBC/			1601 19 6 6
	5 5	EX 6. COLOR OF RACE 7. MARRIED A NEVER MARRIED	□ B. I	DATE OF BIRTH	18	9. AG		FUNDER 1 Y		R 24 HRS.
	Fe	emale White WIDOWED DIVORCED		luly K	4-19	21 3	y's	Months De	oys Hours	Min.
	10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTR	TELLA	. 1 .	oreign country)		12. CITIZE	N OF WHATC	OUNTRY?
	13.	FATHER'S NAME		14. MOTHER'S M	- 4				0.14	
_		Frederick Bush			ia	13	ntr			
	jin	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 165-186-598	17 INFO	Hespita	1 4	errods	Addres	3.5		
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),]	. ,	7 6	1 0	4			INTERVAL BE	TWEEN
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	Jid	peri	trul	0			3 00	2_
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		Conditions, if ony, which gove rise to immediate (b)	vil	700	Ture				> W1	
		couse (a), stating the under-								
	z	Iying couse last. (c) (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO TI	HE TERMINA	L DISEASE CON	DITION GIVE	N IN PART I	(a) 19. WAS	AUTOPSY
	CATION								PERFO	NO [
	CERTIF	205. ACC DENT WAS UNDERLYING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. ((Enter noture of it	njury in Port	I or Parl II of i	tem 18.)			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2 Hour a m. While Not while at work at work at work	0e PLACI foctor	E OF INJURY (Ho ry, street, office b	me, farm, ldg., etc.)	20f. (City or tov	rn)	(Cou	inty)	(Stote)
	2	21. I certify that (1) (this haspital) attended the deceased fi		3-21	196	o. to	4-17	1960) AL - 6 (1) (
		1 11 (2		ath accurred	.7/		outet and			
		220. SIGNATURE	nar oec		Q 442			OII IIIG C	22	DATE
		Ille allera	M.[D. PHYS.	MED	TOR PHY	rs 🗆		efor	SIGNED O
		22c PHYSICIAN'S A-W. DANISH		22d ADDRESS	7.7	ERSHI	ns D	^		
	23a.	BURIAL CREMATION, 236 DATE THEREOF PARE OF CEMET	ERY OR C	CREMATORY	23 M	d LOCATION (I	City, town, or	county)	(Stot	e)
	24	EUNERAL DIRECTOR'S SIGNATURE TO STITUTE STITUT	ŖŢ`-,		50. REC'D B	y registrar 1 9 '60	256 REGIST	RAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4722 CERTIFICATE OF DEATH

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	1. J	PLACE OF DEATH o. COUNTY				USUAL RESIDENCE (Wh		. If institution is	lesidence befo	ore admission)	
		MONTGOMERY		MARY	LAND	MARYLAND			TGOLER	Y	
	ŀ	b. CITY OR TOWN (If outside corporate limits	, write	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	ulside corporale in				
		RURAL and give negrest town) OLNEY		3 DAYS	- !! <i>X</i>	SILVER SI	DINC				
		d NAME OF HOSPITAL (If not in hospital, an	ve street oc	D DITTO		d STREET ADDRESS	RING			e IS RESIDE	NCE
5		OR INSTITUTION			/					ON A FA	
	_	ONTGOMERY COUNTY GEN			11.	RT. 1	· · · · · · · · · · · · · · · · · · ·			152 14	ХU
		NAME OF First DECEASED (Type or print)		Middle CLEVELAND	House	Last	4. DATE OF DEATH	Month	26	ay Yeor	60
	5 5			D NEVER MARRI		ATE OF BIRTH	9 AG	E (In years IF -		R IF JNDER 2	HRS
			WIDOWED	_	-	5/25/1884		birthday) Mo	onths Days	Hours	Min.
	10a.	. USUAL OCCUPATION (Give kind of work de		73					IZ. CITIZEN O	F WHAT COU	INTRY?
		during most of working life, even if retired)					,,			_	
e '	10.	FATHER'S NAME	S	ame as L	08.	MARYLAND			Ua Sa		
	1.3	FAIRER 2 NAME			11	I. MOTHER'S MAIDEN N	AME				
		JOHN HOWES				HELEN	M. GAITH	ER			
-	15.	WAS DECEASED EVER IN U. S. ARMED FORCE 1. no. or unknown) (If yos, give war or dates of ser		OCIAL SECURITY NO	17. INFOR	MANT		Address			
r	1	no		none		HOSPITAL	RECORDS.	OLNEY	- MARY	LAND	
	7	18. CAUSE OF DEATH Enter only one cou	se per line) -	1 ()				ERVAL CETW	EEN
		PART I DEATH WAS CAUSED BY.	1	Henry	1000	. 1 .11	· E Pur		ON	SEL AL DE	ATH
		IMMEDIATE CAUSE (o)		How!	hich	4 1011	1141	-XIN		30-	72
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		Conditions, if ony, which (b).		AKCOK	12	100001610	~			John	5_
		gove rise to immediate DUE TO			•						
		lying couse lost. (c).					9				1
	Z O	Part II. OTHER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DE	ATH BUT NO	RELATED TO THE TERMI	NAL DISEASE CON	DIT ON G VEN I	N PART I(o)	19 WAS AUT	TOPSY
1	FICATION									YES N	
		20d. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	20b DESCR	RIBE HOW INJURY O	CCURRED (E	nter noture of injury in f	Part I or Part II of	item 18)			- 645
	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
		20c. TIME OF INJURY Month, Doy, Year	. 20.2 15.13	URY OCCURRED	20. BLACE	OF INJURY (Home, form	200 1016		(C t-)		100
	MEDICAL	Hour o. m.	While	Not while	foctory,	street, office bldg., etc.))	wnj	(County)	1	(Stote)
	×	p. m. 19	of work						1.		
		21. I certify that (I) (this lossital)	attende	d the deceased	fram 4	23 16	0 to 4	126	1900	hat (I) (we	1 last
		saw the deceased alive on	کال	(-)			M, from the	uses and a		1 1 1	
		220 SIGNATURE	•	17.5 %. 7 01102	mar dear	3:15	PM	doses and a	1	22b D	
		MIT	SA			ATTENDING ME	D ST/	FF _ 4	177	1 5 SI	IGNED
		22c PHYSICIAN'S	1		M.D	22d. ADDRESS	RECTOR PH	13	4-4	-	
		NAME (Type)	1)				^				
			JON)	Ma Da			SPRING.				
	23a	BURIAL, CREMATION, 23b DATE THEREOF		23c NAME OF CEM	ETERY OR CR	EMATORY	23d LOCATION (City, town, or co	ounty)	(State)	
		Burial 4-29-60		Mt. Car	mel .		Sunshi				
	24	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			D BY BEGISTRAR	255 REGISTRA			
	7	Janeis H Starly	er_ !	Leytonsv	ille,	Md. DATEAP	2 9 '60	witne	7 S. Thou	i.A.	

urs after death. Page 4 may to aunter the haspital ar oftending physician.

TO EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremption, or remayal, and in any event, within 72 hours after death. 1 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 TO HOS

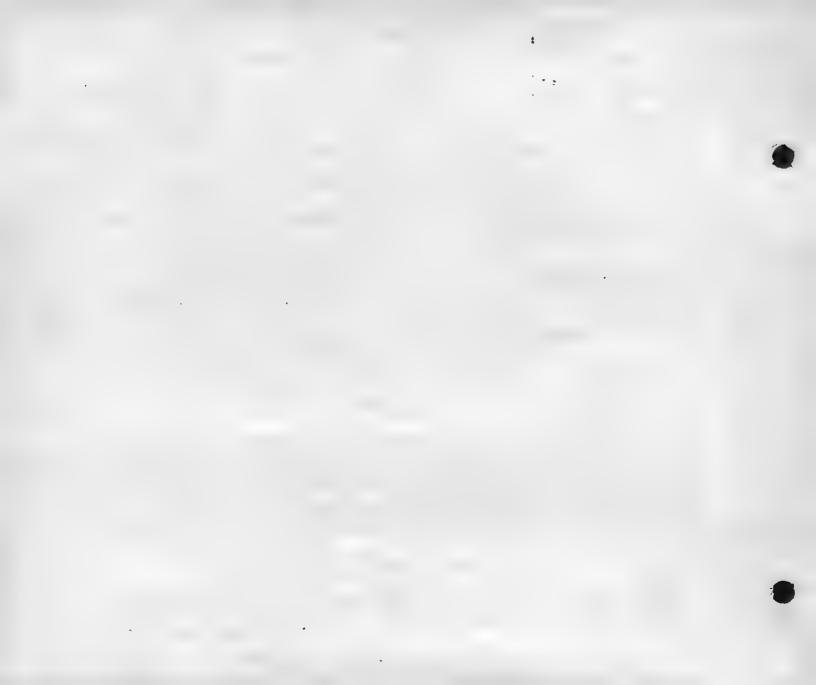
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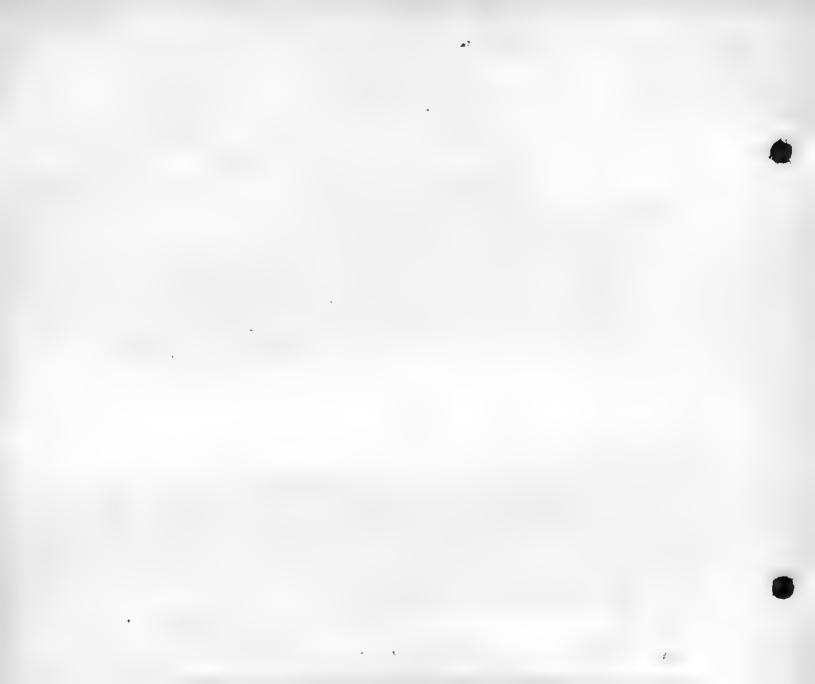


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 471 MEDICAL EXAMINER'S CERTIFICATE OF DEATH JIFALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decressed I ved, If institution: Ras dence before edm ssion) e. COUNTY . b. COUNTY files. MARYLAND c. LENGTH OF STAY IN 16 N (if outside corporate limits, c. CITY OR TOWN (If outside corporate him is, while RURAL and it ve genrest lown). write RURAL and guide nearest town) d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) . IS RESIDENCE ON A FARME YES NO 3. NAME OF DATE Month DECEASED OF (Type or print DEATH 19/20 IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE finyyours JIF UNDER I YEAR last bir/hday) WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FAZHER'S NAME 14. MOTHER'S MAIDEN NAME Eliza Green Howes James R. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addrass (Yas, no or unkown) (Ifyasgivewarordatasofservica) W. Howes, Rt. #2 GaithershungMD George 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiata cause **DUE TO** (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? NO A plnods 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Part I or Part II of stam IB.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL Month, Day, Year 1 20d, INJURY OCCURRED 2Da. PLACE Of INJURY (Homa, farm, , 20f. (Cily or lown) (County) (Stata) factory, street, office bldg., etc.) While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection inquiry d. and in my opinion 2 0 Undetermined manner death resulted from: Natural causes | J Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER FUNE NAME (Typa) Address (Streat, city, town, or county) shoule 22c. NAME OF CEMETERY OR CREMATORY 22a. 8UR. AL. CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, fown, or country) (Slate) REMOVAL (Spacify) ò 0 240 19.1960 Nee sville Md. FUNERAL DIRECTOR VS. A15ME Cirching S. Hisers 5M 7/59



after death

requires that the death





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	15./	WAS DECEASED EV	ER IN U. S. ARMED FO		OCIAL SECURITY NO.	Hospit	al Rece	Addre	933	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

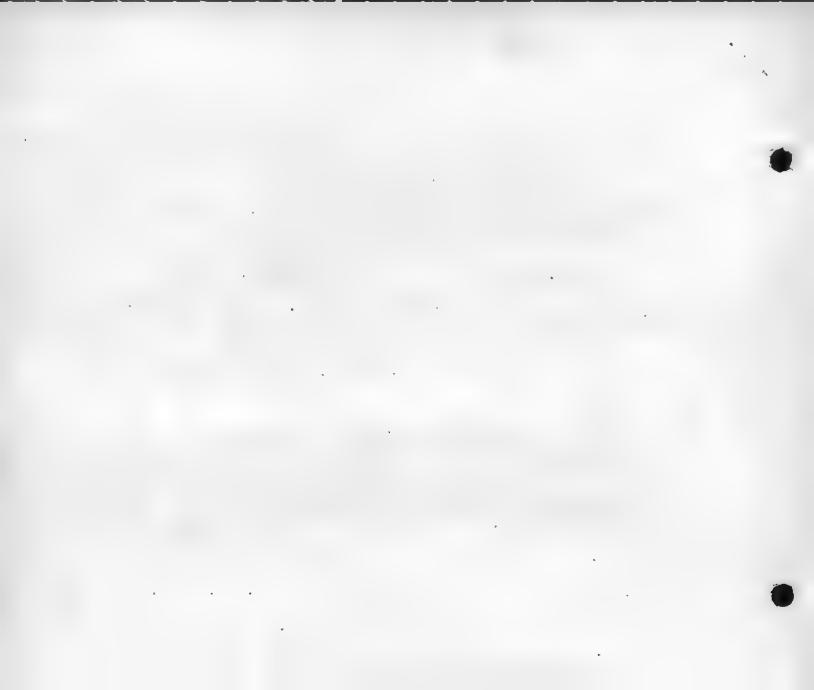
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)]	1. PLACE OF DEATH		a STATE	ENCE (Where deceased lived. If inst	itution Residence before admission)
4	"Montgomery	7 MA	IRYLAND M	aryland	Montgomery
	b. CITY OR TOWN (If outside corporate RURAL and give negres! tawn) ROCKVILLE	limits, write c LENGTH OF STA	0.01	DWN (If outside corporate limits, wri	te RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION 4420 Aspen Hi		d. STREET AD	DRESS 420 Aspen Hill	Road %. IS RESIDENCE ON A FARM? YES TO NO IN
ì		•			
-	3. NAME OF DECEASED (Type or print) Forr	est R.	Jackson	4. DATE OF DEATH API	Manth Day Yeor 19 60
ĺ	S. SEX 6. COLOR OR RAG	CE 7 MARRIED . NEVER MAR	RRIED B DATE OF BIRTH	1899 9 AGE (In ye	
	Male White		Octobe Octobe	er 26, 60	yrs 5 20
	10a. JSUAL OCCUPATION (Give kind of wo during most of working life, even if reti	red)		_	12. CITIZEN OF WHAT COUNTRY?
	Accountant 13. FATHER'S NAME	Accounti	ng Pei	nnsylvania	US
	John W.	Tackson		nnie R. Runbel	
1	IS. WAS DECEASED EVER IN U. S. ARMED I				Address
	(Yes, no, or unknown) (If yes, give wor or dotes			. Jackson-bro	ther-same as 2d
4	1B CAUSE OF DEATH Enter only one			D. Odorbon wit	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED B	Υ.	- フーノ	· Lagie	ONSET AND DEATH
	IMMEDIATE CAUS	E(O) COSONS	254 / nre	M 5056	17121 40tes
	420 O DUE	- 1	1. 1	1 , 1	
	Conditions, if any, which	(b) Arterio.	scleretic	heert dise	ese yeers
	gove rise to immediate (couse (a), stating the under (то			
	lying couse lost.	(c)			
П	PART II OTHER SIGNIFICANT OF	Y .		THE TERMINAL DISEASE COND TION	GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
ш	5 Julmon				YES NO 12
	OR CONTRIBUTING CAUSE OF DEA	TH	Y OCCURRED. (Enter nature of	injury in Part I ar Part II of item 18)
	20c TIME OF INJURY Month, Doy, Haur a. m. p. m.	Year 20d INJURY OCCURRED	20e. PLACE OF INJURY (H	ome, form. 20f. (City or town)	(County) (Stote)
	Havr a.m.	While Not while	factory, street, office	plag., etc.)	
	21 I certify that (I) (this hosp	tab attended the decease	ed from 2 //2	- 1960, to 2/16	1969 that (I) (we) last
	saw the deceased alive an			. 7.4	and an the date stated above.
	220 SIGNATURE	70 71	ATTENDING		22b. DATE SIGNED
	John W. C	76 fraing	M.D. PHYS	DIRECTOR PHYS	
	22c PřtyšíCIAN'S NAME (Type)	the state of the s	22d. ADDRES		W., Washington, DC
	elthow Lati	mer			
	230. BURIAL CREMAT ON 236. DATE THE	REOF 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION (City, to	
	230. BURIA. CREMATION 23b. DATE THE	REOF 23c NAME OF C			wn, or county) (Stote)

TO HOSF. OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ms offer death. Page 4 may be sined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filled with the State Board of complete parts. VR A1S (4) 1SM 9/59

M



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a COUNTY a. STATE. **b.** COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RURAlmand give neorest town) ... No her d. NAME OF HOSP TAL (If not in hoppital, give street address) e 15 RESIDENCE d STREET ADDRESS OR INSTITUTION ON A FARMS? 160 YES NO 3. NAME O Middle 4. DATE Yeor Lost DECEASED OF DEATH (Type or print) 196 6. COLOR OR RACE . MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS birt/iday) Months DIVORCED | WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY IN BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? planting most of working life, even if retited) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Emily 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 60 ottending CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH ā PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost PART ILL COME SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOT 19. WAS ALTOPSY PERFORMED? YES | NO S 20a ACCIDENT WAS UNDERLYING [3] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING EL CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while at work of work p. m. - 20 19 6 Othat I last saw the deceased 21. I certify that I attended the deceased fram 19C. E., and that death occurred at 3.55 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE P PHYSICIAN'S NAME (Type) 22b DATE THEREOF 220, BURIAL CREMATION. 224 NAME OF CEMETERY OF GREMATORY 22d LOCATION (City, town, or county) (Stole) 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY JEGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57



VS AT5 (4) 15M 10/57

N.

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18
			-			

CERTIFICATE OF DEATH

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Reg. Dist. No.

o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where	b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If putual corporate limits	U .	- CITY OF TOWN IS AND	ida samaraha limita ausita B	URAL and give nearest town
b. CITY OR TOWN (If outside corporate limits	571012	1 7	S/' /0"	OKAL and Blue negress lower
d. NAME OF HOSPIFAL (If not in hospital, give :		d. STREET ADDRESS	, Mells	- IS DECLINEAUCT
OR INSTITUTION &	weer oddress;	62/6-/2-7	2/1.	e. IS RESIDENCE ON A FARM?
EX/C-Calhi Je	ns	1 Carry	re tang	YES NO P
DECEASED NAME OF First	Middle		. DATE Mon	th Day Year
(Type or print) / YOMA	70	HNSON	DEATH /	- / - 19 60
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	Months Days Hours M.n.
The state of the s	DOWED DIVORCED	12-5-13	8 6 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired)	106. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote or	foreign country)	12 CITIZEN OF WHAT COUNTRY
Housewife	alkeme	India	20	26 d.a.
13 FATHER'S NAME		14 MOTHER'S MAIDEN NAM	AE	
William H. Mc	zzuson	Man C	Brack	lizal
15. WAS DECEASED EVER IN U. S. ARMED FORCEST Yes, gays or unknown] [If yes, gays wor or dates of service		INFORMANT	/ / 2 / Add	
20	Ter Mr.	an K. Mosel	f 6210- Gr	atry terri
1B. CAUSE OF DEATH [Enter only one couse	per line for (a), (b), and (c).]	7 7	. /	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Cerebral a	it accel	6 484 6 5	ONSET AND DEATH
334 X DUE TO	1			
Conditions, if ony, which)	Me ranaline	ed allye	and at I have a	4.
gove rise to immediate	.,,	<u> </u>	Con Carre Carre	*
lying cause last.				
	ONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	EN IN PART 1(a) 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION				PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part	1 or Part II of item 18.)	163 160
20g. ACCIDENT WAS UNDERLYING (1) 20b OR CONTRIBUTING (1) CAUSE OF DEATH (1) EITHER, NOTIFY MEDICAL EXAMINER)		, , ,		
3 20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
G Hour a.m.	Vhile Not while fo	ctory, street, office bldg., etc.)	the family of the state of	(5.652)
		- FO A1	0 1 /-	
21. I certify that I attended the de		, 1958, 10 0 fort	. ,	"that I last saw the decease
alive an March 31)	19.60, and that death			ind an the date stated above
ACTUAL CONTENTS IN	40000	M.D. 6300 - 13	DRESS (Street, city or town,	state) 4//60 DATE SIGNED
SIGNATURE 7/ CLC CX (- CC 2	Edit She	M.D. 6000-10	D 6 16.0	1 1 wash 1' 9 5
PHYSICIAN'S NAME (Type)	*	* AND SEC TRANSPORT AND SEC TOOL SEC TOO AND SEA AND SEC TOO AND SEC T		
220, BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMEJERY C	OR CREMATORY 22	d. LOCATION (City, town, o	or county) (State) /
CREMOVAL ISPOCITY	TOUT X	luce lev	Blilding	rug gett
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC D 8	Y REGISTRAR 24b. REGIS	TRAR'S SIGNATURE
20 W. Chambers books	, 9072-m AX.	DATE AP	R 4 '60	Dollar S. Kroug



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH frled with director Page 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY o STATE MARYLAND Monto m ry MARWLAND funeral after death b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) fown) be RURAL and give nearest town) should OLNEY GAITHERSBURG the d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 22 MONTGIMERY COUNTY GEN. HOSPITAL ROUTE puo 3. NAME OF DECEASED First Middle Last 4. DATE OF fille DEATH (Type or print) WALKER JAMES JOHNSON. 5. SEX 6 COLOR OR RACE MARRIED IN NEVER MARRIED 8 DATE 6 ofter DIVORCED [WIDOWED [popers. MALE I.EGRO 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if retired) puo FARMER 13. FATHER'S NAME 14. MC CO 00 .5 requires that the death certificate g physicus remove o UNKNOWN PERTY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMAN attending HOSP ease CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) 00 효 PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) puo DUE TO þ permit. Conditions, if ony, which been signed t fb1 gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost (c) PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL cremation, or attending phys s certificate has be certificate has e as the burial PHYSICIAN: The 20g. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter I (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF It 20d. INJURY OCCURRED Doy, Year factory, street Hour o. m. this o While Not while at work al work p. m. FOT prior 2). I certify that (I) (this haspyal) attended the deceased from Man detached Health pri saw the deceased alive an fined by the DIRECTOR: 220 SIGNATURE tella M D PH PHYSICIAN'S 22d NAME (Type) D FUNERAL JACK SCHUMACHER, M. D.

23c NAME OF CEMETERY OR CREMA

Brooke Grove Cem.

Rookville. Md.

ADDRESS

23a BURIAL, CREMATION, 23b DATE THEREOF

-HUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify) Buria

MONTOCHERY

e. IS RESIDENCE ON A FARM?

Day

YES 🔽 NO 🗌

Year

b. COUNTY

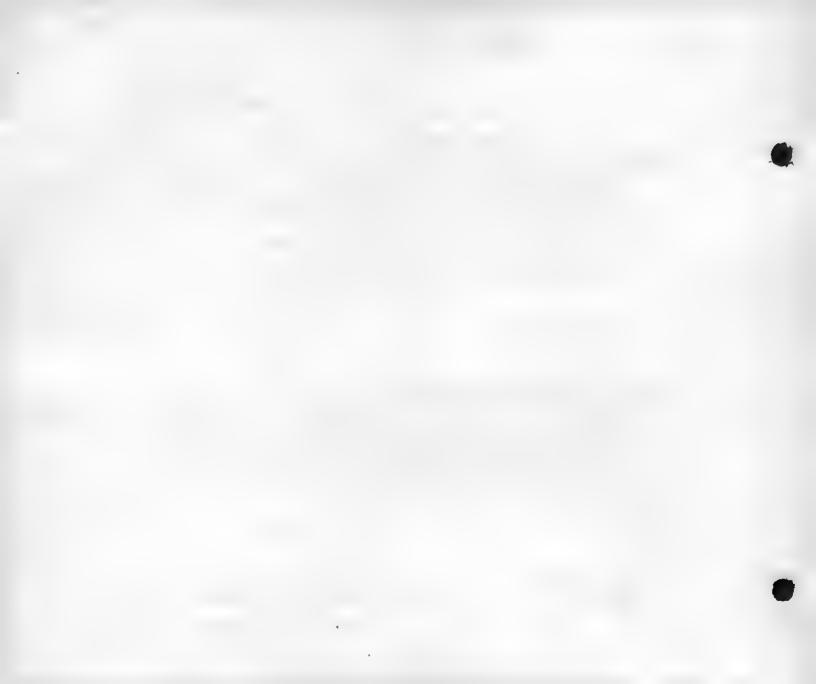
Month

DEATH	APRIL		22	1	960
	9 AGE (In years				
	lost b rthday) フス yrs	Months I	Days	Hours	Min
or foreign o	12	12 CITIZ	EN OF	WHATC	OUNTRY?
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	·····		5.	A	
JOHNS					
	Addi	1623			
RDS	OLNE	Y. Mo.			
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4788 **CERTIFICATE OF DEATH** Reg. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE **b.** COUNTY MARYLAND MODELEGISTER Maryland M ontgomery the funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURA) and give negrest town) RURAL and give nearest town) Rockville Bethesda d NAME OF HOSPITAL (If not in hospitot, give street address) d STREET ADDRESS e, 15 RESIDENCE OR INSTITUTION ON A FARM? YES NO W Hospital Suburhan 716 Brent and 4. DATE NAME OF First Middle Lost Month Year Day DECEASED fille Pages DEATH (Type or print) 1960 Ches ter April Jones IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years campletely lost birthdoy) Months Dovs Hours WIDOWED | DIVORCED [papers. White Male 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)

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14. MOTHER'S MAIDEN NAME IL.S. Retired 13. FATHER'S NAME physician 0 2 haura Notifi **Tosiah** Jones Sarah haur IS. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. Address (If yes, give war or doles of service) aftending Unknown -daughter-same as No ease INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c) Brochart ONSET AND DEATH ā DEATH WAS CAUSED BY:
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after death. Page

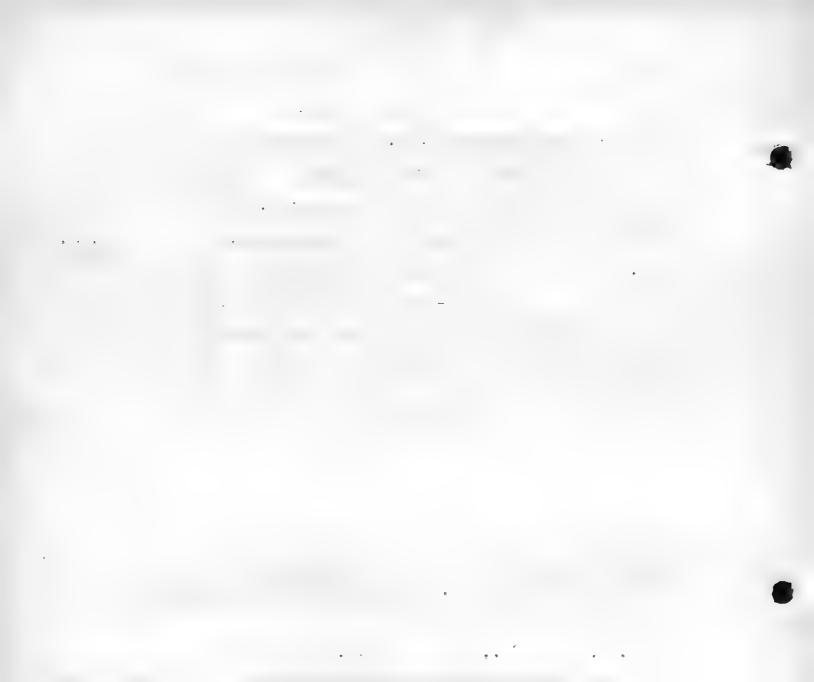
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TOD CTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TUK SIAIE	4730 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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cate, cate, o the OR: prior	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
AIL DO 4	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
DIC STORY	CHIEF MEDICAL EXAMINER
THE POST AND AND	SIGNATURE TRANS OF STORE THE THE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
Security Sec	EXAMINER'S F. J. T. B. L. G. C. L. J. J. DEPUTY MEDICAL EXAMINER & 4-26-60
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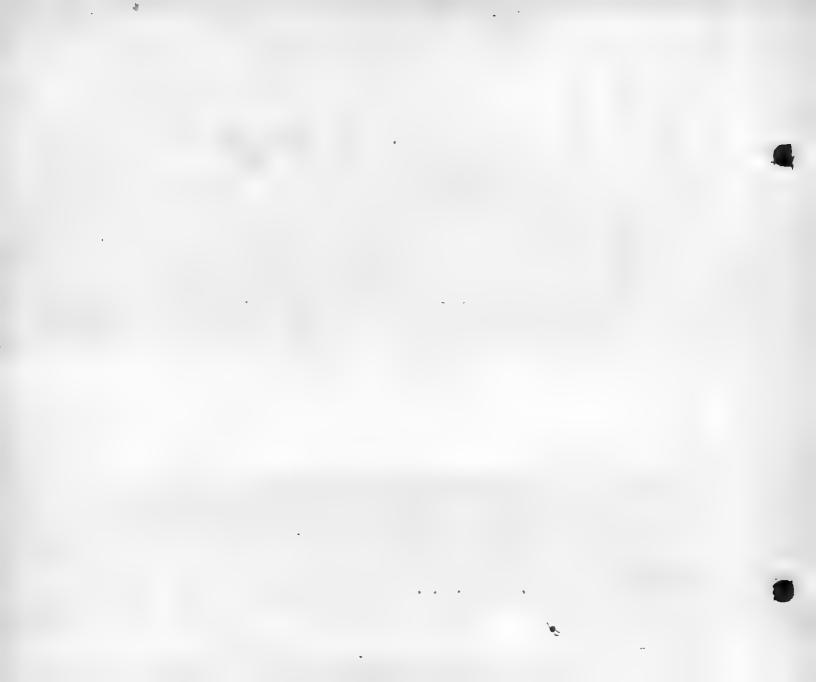
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To of Day			and in my opinion
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' PHYSICIAN'S Donald Nelson, M.D.	77:4
220 BURIAL CREMATION 226 DATE THEREOF APRIL 8 60 FORT LINCOLN CEM PRINCE GEO COUNTY	(State)
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS WAS N. D.C. 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE HALLOMO FLAME DO NOTE NAM DATELDR 7 160	E



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 4792 Reg. Dist. No. I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institut on Besidence before admission) · COUNTY b. COUNTY MARYLAND Б b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If pulside corporate limits, write RURAL and give nearest town) a RLRAL and give negrest town) P heaton d NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS . IS RESIDENCE ON A FARM? 410 A CY YES 🔲 NO 🗽 3 NAME OF Middle DATE Month DECEASED DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 9. AGE (In years last/bir/Adoy) Days Months Hours WIDOWED A DIVORCED | papers. ā 10a. USUAL OCCUPATION (Give land of work done 10b. KIND OF BUSINESS OR INDUSTRY daily most of working life even if retired) 11. BIRTHPLAGE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. Housewitze TO pan Ē ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician CGT UNKNOWK mave haurs INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (C) affendin eose within CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] Ď. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c DUE TO ģ Conditions, if ony, which te has been signed burial-transit permi gove rise to immediate DUE TO couse (o), stoting the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES I NO 20a. ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) ertificate OR CONTRIBUTING CAUSE OF DEATH ihe 5 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while ot work at work p. m. 21. I certify that I attended the deceased from Shat I last saw the deceased alive an and that death accurred at M, fram the causes and an the date stated above. DIRECTOR DATE SIGNED ACTUAL SIGNATUR P PHYSICIALI'S FUNERAL NAME (Type) co 220/BURIAL CREMATION. PATE THEREOF 22c. NAME OF CEMETERY OR FREMATORY 22d LOCATION (City, town, or coupty) page 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATU 240, REC'D BY REGISTRAR Orthur & Frank VS A15 (4) DATE APR 1 8 '60 15M 9/58

420.6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 4793 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed **b. COUNTY** MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Washington, D.C. Mt. Zion d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION
Russel Care Home ON A FARM? 640 Eye Street, S.E. YES NO T NAME OF Middle 4. DATE Day Year Clinton Lewis April 14. 19 60 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 8. DATE OF BIRTH AGE (in years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Male Colored 4/8/1892 Months Hours WIDOWED [7] DIVORCED | 68 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Fairfax, Virginia Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susie Weslev Lewis 72 hours 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) fending Mrs. Elizabeth Lewis 1//1/-Eye St; S.E. Wash; Ves 1B. CAUSE OF DEATH [Enter only one couse per ling for (a), (b), and (c)/ INTERVAL BETWEEN ONSET AND DEATH Ö. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES I NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month. Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work 21. I certify that I attended the deceased from: 19/12 Shat I lost saw the deceased and that deoth occurred at alive on_ M, fram The causes and on the date stated above. ADDRESS (Street, city or ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, J 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Arlington National Cemetery auria] Arlington. Virginia FUNERAL PIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE APR 1 8 '60 H Street, N.E. VS A1\$ (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

14717

GOE CERTIFICATE OF DEATH

			4691	S CENTILI	CAII	. OI DEAII					
1	PLACE OF DEATH				2	USUAL RESIDENCE (V	Where deceased		on: Residence	before admi:	ss+an)
	o. COUNTY	Tomeril	00.	MARYL	AND	O. STATE	land.	b. COUNTY	mont	Some	r 11
I		If outside corporate li	mits, write	c. LENGTH OF STAY II	N 1b	c CITY OR TOWN (II		ote limits, write R	URAL and give	hearest tow	rn) /
	Tukoma	Park		4 Ano	1	45 100r	Sar	NG.			
, ,		TAL (If not in hospito.	give street	address)		, d. STREET ADDRESS		J		e. IS RE	SIDENCE A FARM?
	LU.	ashington	Sa~=7	arium.		503 5	ligo	AVE			NO [2
3	NAME OF DECEASED		First	Middle		Last	4. DATE	Mon	th	Day	Yeor
	(Type or print)	Jol	hN	Doug	105	Lowe	OF DEATH	4	/	7	1960
5. 9	SEX	6 COLOR OR RAC	F 7 MAR	RIED NEVER MARRIE	0 0 1	DATE OF BIRTH		9 AGE (In years lost birthday)	IF UNDER 1 Y	_	-
	male	white	WIDOW	PED DIVORCED		8-24-89	7	.75 YES	Months Do	ys Hours	Min.
10a	. USUAL OCCUPATI	ON (Give kind of wor king life, even if retire	k done 10b	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Sto	te or foreign co	untry)	12 C TIZEN	OF WHAT	COUNTRY
	Carpen	Tolland .	507	Constructi	on	N - C	are like	,	145	,	
13.	FATHER'S NAME	N.				14. MOTHER'S MAIDEN	NAME				
	J		0000			Dora	Louis	ج.			
		ER IN U.S. ARMED FO		SOCIAL SECURITY NO	17. INFO	RMANT		Add	1855		
,,,	No	In her distance or course	N MANANCO)	yes	1//	Sp Kefor	72				
		ATH [Enter only one	couse per l	ine far (a), (b), and (c).]		· ·				INTERVAL B	
	PART I. DE	ATH WAS CAUSED BY	1000	cebral	(4	emore	hace	>		ONSET AN	au
		U DUE 1		-terio s	cle	COSIS			1.	7 1	
	Conditions, if	any, which)	160		21-	Acter	105		Und	ie ter	wiu
	gave rise to couse (a), stating		ro								
	lying cause lost.	ine onder	(c)								
S				CONTRIBUTING TO DEAT					EN IN PART I	(a) 19. WAS	CRMEDS.
CATION	054	bra A	T-LI	- itis	(0	ici) (ni	1014	PILL		YES [
CERTIFI	200 ACCIDENT W	AS UNDERLYING	20b. DE	SCRIBE HOW INJURY OC	CURRED.	Enter nature of injury i	n Part 1 or Part	tt of item 18.)			
	(IF EITHER, NOTIF	MEDICAL EXAMINER		-							
MEDICAL	20c, TIME OF INJU	RY Manth, Day,			20e. PLACE	OF INJURY (Hame, fo	rm 20f (City	or fown)	(Cau	inty)	(State
MED	,Hour <u>a</u> m.	15	While at wa		racial	y, street, dirice bidg., e	1				
	21 certify the	nt (I) Ithis hospit	al) atten	ded the deceosed f	rom /	Tan 7.1	95/10/	Por ">	196-0	, that {I}	(we) la
		ised tillve on A		19 60 and 1	that dec	th occurred of					
	220 SIGNATURE	/		-2	-7	The best red or	/	THE COUSES ON	o o i me e	2	26, DATE
	- 1 To	erte L	-	Dec. Cf	M (ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	Am	71	960
	22c PHYSICIAN'S	0	-			22d ADDRESS	206	001570	100	01	-
	NAME (Type)	ac L		ISall		50%	- /	REPLE	LEX	2/	
230	BURIAL, CREMAT	ON, 23b. DATE THER	EOF	23c NAME OF CEME	TERY OR C		- j	ION (City, town,	ar county)	(Str	ofe)
	PURIAL	4/9/60		FT. LINCOL	N CEN	ETERY		E CEO. C		MARYI	AND
24.		S SIGNATURE OF V	- TRIC	ADDRESS	DOTAL	250 RE	C'D BY REGISTI	RAR 2Sb. REGI	STRAR'S SIGN		
	Raimen	11/20	INC.	. SILVER S	PRI"	DATE	APR 1 1 '	60 6	Irthur &	Kroug	

TO HOST OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 27 are offer death. Page 4 may be lined by the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. I and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hoges after death. VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4667 CERTIFICATE OF DEATH

04718

1 PLACE OF DEATH 0. COUNTY MONT TOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE MARYIAND b. COUNTY MONTGOARRY
b. C. TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER STOING C. LENGTH OF STAY IN 11	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) STIVER SPRING
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 1606 EAST—VI ST HIGHWAY	/d STREET ADDRESS 1606 EAST_WIST HIGHTAY 1 S RESIDENCE ON A FARM? YES □ NO E
3 NAME OF DECEASED (Type or print) ESTA DOROTHY	Lust d. DATE Month Day Year DEATH April 15 1960
S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED D	B DATE OF BIRTH 7/28/1900 9. AGE (n years lift UNDER TYEAR IF UNDER 24 HRS. Months Doys Hours Min 59 yrs
10a USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired) 7m. T. Reed Ins.	
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AUGUST STRAUSS	ANNA DRAEGER
14 ms no ne universus . Ilé une que une ne deles dé carries	NINFORMANT Address
579-74-4390	Mr. Woward L. Lusted, 1606 Fast - Test Hi Thway
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying couse lost. Part II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	RRED (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 While Not wark of wark	PLACE OF INJURY (Hame, farm, 20f (City ar town) (County) (State) factory, street, office bldg . etc.)
21 I certify that (I) (this haspital) attended the deceased from the deceased office for 11/5 1960, and that	m free 4. 1960, to free 13, 1960, that (1) (we) last it death occurred at 3.PM, from the causes and an the date stated above
220. SIGNATURE	M.D. PHYS. ATTENDING MED. STAFF STAFF STAFF
220 PHYSICIAN'S WEEK Kreuzburg	7852 16 - NW WARD 12 De
23a BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETER THE PURITY SPECIFIC LINCOLN	Y OR CREMATORY 23d LOCATION (City, town, or county) PRINCE GEO. COLLETY, MD.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS SILVER SPR	ING, MD. DATEOR 20'60 Lithy & Thomas

may by Interest. DIRECTOR: After this cert ficate has been signed by the ottending physicion and completely file. By the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the Store Board of Health prior to buriol, cremotion, or removal, and no event, within 72 hours ofter death.

OR ATTENBING PHYSICIAN: The law requires that the death certificate be executed within 2

TO HOSP

VR A15 [4] 15M 9/59

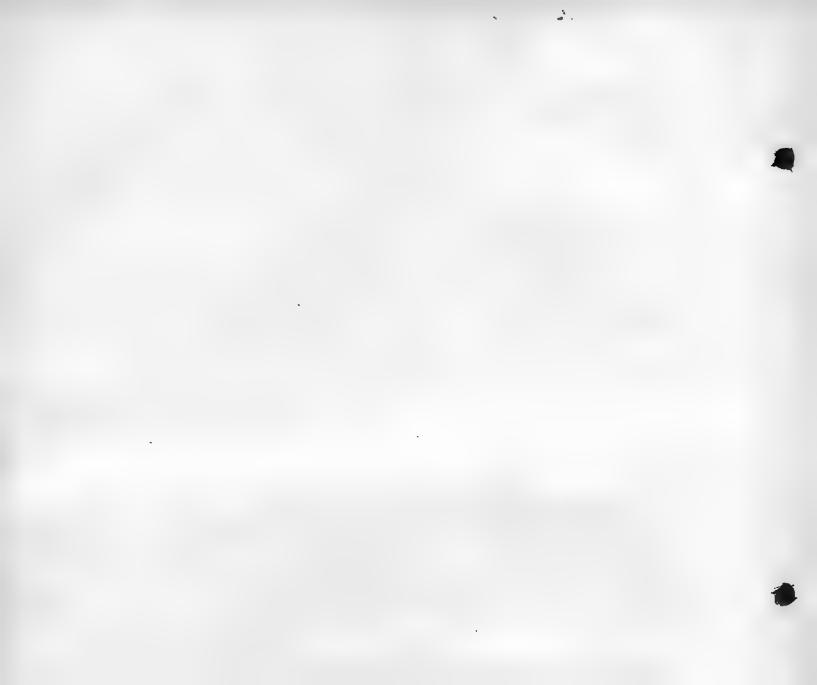
rs ofter death. Page 4



CERTIFICATE OF DEATH 4668 Rea, Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss on) a. COUNTY g STATE Ea . COUNTY OMETY MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) è RURAL and give gearest lown) Dring ъ Silver Spring d. NAME OF HOSPIFAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RES DENCE OR INSTITUTION ON A FARM? YES NO P NAME OF First 4. DATE Middle Lost Month DECEASED TON DEATH TO (Type or print) 19600 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF LINDER 1 YEAR IF UNDER 24 HRS SEX 9. AGE (In years last birthdoy) Months Days Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ILS. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Daughter - Mrs. Anne Breen Same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH Ť PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) hrs. eriosclerotic cardiovascular dis Conditions, if any, which gave rise to immediate DUE TO cause (a), stoling the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES TO NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY Month, Doy, Year 20e FLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg . etc.) Hour a.m. MEDI While Not while at work at work 21. I certify that I attended the deceased fram Jan. 1959 1960 that I last saw the deceased 19 40 , and that death occurred at J. J. A.M. from the causes and on the date stated above. ď Р Simpson NAME (Type) 220 BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) 4/8/60 ST. JOYN'S CEMETERY MASPATH, LONG ISLAND, N.Y. 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a REC'D BY REGISTRAR 24b REGISTRAR S SIGNATURE STIVER SPRING, MD. DATESPR 7 Christing of Heart 15M 9/SS

MARYLAND TATE DEPARTMENT OF HEALTH—BALTIMORE, 18





Item 2 CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) o. COUNTY Filed o. STATE **b.** COUNTY MARYLAND Montogomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Moruen N.C. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS. e. IS RESIDENCE R.F.D. #. YES | NO [Montogomery County Jail NAME OF Middle 4. DATE Month Dov OF DEATH (Type or print) Vessel Marshal] 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED P 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Days Hours WIDOWED | DIVORCED | /10 Male Col 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working tife, even if retired) North Carolina U.S.A. Laborer None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sandy Marshall Ida Flowers haurs remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1242 Washington St. Baltimore , Mi No Mrs Mary McCormick piease 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN RAIN SYNDROME PART I. DEATH WAS CAUSED BY: CUTE IMMEDIATE CAUSE (0) DUE TO ACUTE & CHRONIC BLEONOLISMS Conditions, if ony, which gove rise to immediate **DUE TO** cottse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101-119. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CERTI 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) While Not white of work | at work | p. m. 0 19____that I last saw the deceased 21. I certify that I oftended the deceased from and that death occurred at 6:3 0 M, from the causes and on the date stated above. alive on ADDRESS (Street, city or fown, state) DATE SIGNED DIRE PHYSICIAN'S NAME (Type) FUNE 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) REMOVAL (Specify) Buria Ash Memorial Cem. Sandy Springs, Md 22-FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Circher S. Thank VS A15 (4) DATE APR 26 '60 Rockville. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY b. COUNTY St. liary's MARYLAND Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda (Rural l dav Demeron d. NAME OF HOSPITAL (If not in hospitat, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? U.S. Naval Hospital, Bethesda. Md. YES NOX NAME OF Middle 4. DATE Month Day lost DECEASED OF DEATH (Type or print) Allen Robert FADDEN 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days DIVORCED | Male White WIDOWED [10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working ife, even if retired) U.S. None None Maryland 0 13 FATHER'S NAME Mary Regina Morgan Russell A. Mc Fadden 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO No Hospital records None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO Conditions if any, which gove rise to immediate **DUE TO** É cause (a), stating the under-, 24 lying couse lost. PAULIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? fg Si YES X NO 200 ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote factory, street, office bldg, etc.) Hour o. m. While Not while ot work at work 19 60 to 7 April . 19. 60 that (I) 206) last 21 I certify that (I) (MDCARSTACK) attended the deceased from 6 April ____19.60, and that death accurred at 12:30tr2 Whe causes and an the date stated above saw the deceased alive on 7 April 220 SIGNATURE MO. PHYS SIGNED DIRECT MED DIRECTOR 22c PHYSICIAN'S 22d ADDRESS NAME (Type) Howard A. PEARSON, LT, MC/ USN U.S. Naval Hospital, NNMC, Bethesda, Md. 23a BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) St. Joseph's Cemetery Morganza Marvland Burial 0 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE Onthus S. House DATE APR 1 2 '60 Robinson Funeral Home, Leonardtown, Md. 15M 9/59



夕1	i	t:	ME60 ame, 21 MARY	AND STATE DEPA	ARTME	NT OF HEALT	H-BALTI	MORE, 18		
FOR ST	ATE		4795MI	EDICAL EXAMI	NER'S	CERTIFICA	TE OF DI	EATH Reg	4723 Dist. No.	
HEALTH,	DEPT.	-	PLACE OF DEATH	-		O HELIAL BETTOENCE II	144 4 2 2	T.		7. 1
Se de la companya de	1	1	Montgomery	M	ARYLAND	o. Maryland	Wigte deceased in	AGO COME		13/8
# E E	THE !	1	 CITY OR TOWN It! outside corporate lim ts, will and give negrant town; 	e RURAL C. LENGTH OF ST	AY IN 16	c. CITY OR TOWN [II	f outside corparali	e I mits, write RURAL :	nd give neorest to	own)
rior rior of of	المناسبة		Bethesda (Rural)	3 days		ZZYXXXXXXXXX	ZAZANG Da	res Beach	`	
dire ord			L NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, give street ad-	dress)	d STREET ADDRESS			e. IS 1	PE DEIN E
ed f	ď	L	U. S. Naval Hospital	and the state of t		3398989888	98393888	899X .	YES [I A FARM?
S date		3.	NAME OF FI	ni Middle		Lost	4. DATE	Month	Doy	Year
-6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -				gory Wayne	3	MC GAUGHEY	DEATH	April	15	19 60
to the state of th		5.	SEX 6. COLOR OR RACE	7 MARRIED NEVER MAR	RIED 🔼 B.	DATE OF BIRTH	9. A	GE In years IF UND	R TYEAR IF UNI	DER 24 HRS
d 3 d 3 with			Male Caucasian	WIDOWED DIVORC	ED 🔲	9-27-50	lai	9 yrs Months	Days Hours	M n,
S P S		300	. USUAL OCCUPATION (Give kind of work during most of working lile, even if retired)		OR INDUSTR	Y 11. BIRTHPLACE (Stole	or foreign country	y) 12 C	TIZEN OF WHAT	COUNTRY
P. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.			None		-	Illino	ois	1	J.S.A.	
40 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1		Malcolm Wayne McGau	ghey		Emma Louis	se Fowler			
A Supple		15.	WAS DECEASED EVER IN U.S. ARMED FO	RCES? 16 SOCIAL SECURITY I	17. IN	FORMANT		Address		
# 5 E	-		No	None	Но	spital Recor	rds			
世紀 東京店			18. CAUSE OF DEATH [Enter only one co	use per line for (o), (b), and (c).]	3	400.1		INTERVAL BETW	VET-M
Par of p			PART I. DEATH WAS CAUSED BY:	Epidural h	iemato	ma (Lt. par	rieto-oc	cipital)	ONSET AND DE	EATH
Var.			910-/ DUE TO	f amount with a con-					3 d.	175
A LEGISTA	1		Conditions, if ony, which)	Fracture o	f sku	ll (traumat	tic)			*
To a second	~		gave rise to immediate couse ((a), stating the underlying DUE TO							
in in			couse fost. (c)					1_	
ste standing Examed on matio		NO.	PART II, OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERM	NALDISEASE CO	NOTION GIVEN IN P		AUTOPSY DRMED?
per per cres	-	Ş	20- EVY PAIAL CALLES INAS	A DECEMBER OF THE PARTY OF THE					YES 🔀	NO 🗌
Med by d by		CERTIF	CAUSE OF DEATH.			teducial tringpost		_	irl; ;i	rl's
Pool boy		3	20c. TIME OF INJURY Month, Day, Ye	riend picked	20 bas	E & STRUCK	boy on I	nead	ounity)	(Stote)
開催の語品	211	VEDIC	1230 XX April 12,	Co While Not white C	\ lactor	ry, street, affice bldg., etc.	.)			
MIN iting The oge	04	2	21. I certify that I taak charge		- 1			ce Frederic	-	
XAN Dan Dan Ban Ban Ban Ban Ban Ban Ban Ban Ban B								time!	, L	nd in my
rde Tol			opinion death resulted from.	National conses [_], Ac	.crdeni P	i, Suicide [_],	nomicioe [_]	, Undetermined	monner [
PEC C	-		ACTUAL TO	Bounta	مة	CHIEF MEDICAL EX	KAMINER [7]		DATE	SIGNED
MED Series	مختب	4	SIGNATURE ACTION AND THE	Brownhous		M.D CHIEF MEDICAL EX	-			
RAI			EXAMINER'S TILL NO TO	J. Brosch	2	DEPUTY MEDICAL	ليا		4-15-	-60
NNE CT		270	BURIAL CREMATION, 226 DATE THERE					(City, town, or county	(Stel	le)
20 4 4 5 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			Burial Chy. 10.			Cemetery	_	s Island	Md.	
7 7		23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			D BY REGISTRAR	24b. REGISTRAR'S		n)-unit
VS. A15ME 5M 2757	1. 8		Harkness & Sone Fund	eral Home, Prin	ce Fre	T. Wann .	2 0 '60	Chillun a	P. Hrand	
			3 " "					1		at a break



4796 **CERTIFICATE OF DEATH** it director, filed with after death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived iff institution, Residence before admission) o. COUNTY Montgomery District of Columbia MARYLAND funeral uld be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 8 days Bethesda Washington d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 215 C Street S.E. The Clinical Center, Bethesda 14. Md. YES NO K NAME OF Midd1e 4. DATE Month Yeor DECEASED April (None) Michelson (Type or print) Lee DEATH 19 6. COLOR OR RACE 7 MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS gst birthdoy) Months White WIDOWED [] May 23, 1919 Male DIVORCED [10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Information Specialist Government New York Pul 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Kate Kramer Wolfe Michelson 72 haurs INFORMANT The Medical Record Address 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO The Clinical Center, Bethesda 14, Maryland No 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] Respiratory insufficiency due to INTERVAL BETWEEN 36 hours ₽ PART I. DEATH WAS CAUSED BY: pulmonary disease. IMMEDIATE CAUSE (o) Rheumatic Heart Disease with mitral stenosis **DUE TO** Status: post-operative. 36 hours Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the under-Cerebeller infarction, right 5-10 years lying couse fost certificate has been si PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS WAS ALTOPSY PEREORMED? YES P NO [200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f, (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while y the haspital of TOR: After this at work of work April 7. 1960 to April 14. 1960 that I last saw the deceased 21. I certify that I attended the deceased from detached f ta burial, April 1 , and that death accurred at 11:00AM, from the causes and an the date stated above alive an ADDRESS (Street, city or town, state) ACTUAL \ The Clinical Center National Institutes of Health PHYSICIAN'S Robert D. Bloodwell, M.D. Bethesda lh. Maryland NAME (Type O FUNER 220 BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) REMOVAL (Specify) 14-15-1960 New Montaefore Cemetery Pinelawn, Long Island, Burial FONERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE VS A15 (4) e 4217 9th St., N.W. DATE APR 1 8 '60 Crimos & Henry 15M 9/58 Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 4797

04725

1	PLACE OF DEATH o. COUNTY Montgomery	у		MARYLA	AND	2 USUAL RESID	ence (who	ere deceased	b COANT			before	e admissi	on)
	b CITY OR TOWN (IF RURAL and give neo	outside corporate limi	ls, write	c. LENGTH OF STAY IN	11b	c CITY OR T	OWN (If or	utside corpor	ate limits, write	RURA	L ond gn	ve near	est town	
	Bethesda			37 days		Arlin	gton				- 0	3)		
Г	d NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, g	ive street	address)		d. STREET A	DDRESS					8	IS RESI	DENCE FARM?
L	U. S. Nava	al Hospita	1.			627 S	. 29t	h Stre	et				YES 🔲	NO 🗶
3	NAME OF DECEASED	Fir	st	Middle		Last		4. DATE OF	Мо	inth		Day	Y	eor
	(Type or print)	Geo	rge	Frederi	ck	MILL	ER	DEATH	Ap	ri.		23		9 60
5	SEX	6. COLOR OR RACE	7 MARR	RIED 🔀 NEVER MARRIED		B. DATE OF BIRTH	1		9 AGE (In years lost_birthday)		Onths D	YEAR I	Hours	R 24 HRS Min.
	Male	Caucasian	WIDOWI	ED DIVORCED		8-3-99			60 yn			,.	110013	mm.
10	la LSUAL OCCUPATION during most of working	N (Give kind of work a	done 10b.	KIND OF BUSINESS OR	INDUS	STRY 11. BIRTHPL	ACE (State of	er fareign co	untry)					DUNTRY?
	Service N			Automotive			ass.				U.	S.A	4.	
13	. FATHER'S NAME	-				14. MOTHER'S	MAIDEN N	AME						
	George F. 1					Sarah	EDGE	RTON						
	S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 IN	NFORMANT				dress				
L		1917-1919		62-01-2218	(W) Mrs. C	harlo	tte Mi	ller,sa	me	as #	<i>†</i> 2 ε	pove	2
	18. CAUSE OF DEAT	TH [Enter only one co	use per lis	ne far (a), (b) and (c)]									RVAL BET	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o) F	neumonia								0.100		
		DUE TO												
	Conditions, if on			arcinoma, b	ron	chogenic	,_wit	h_meta	stasis					
	gove rise to im couse (a), stating t	mediate (Pur To												
	lying couse lost.) (c)									ļ		
2	PART II OTHI	ER SIGNIFICANT CON	D TIONS C	CONTRIBUTING TO DEAT	H_BUT	NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION G	tVEN	IN PART	1(0) 19	, WAS A	UTOPSY RMED?
CATION													YES X	ио □
CEDTIE		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b -DES	CRIBE HOW INJURY OCC	URRE	D. (Enter nature of	Finjury in P	art I ar Parl	II of item 1B)					
MEDIC AL	20c TIME OF INJURY	Month, Day, Ye				ACE OF INJURY (F			or fown)		(Co	unty)		(State)
1 2	Hour a m.	19	While at wor		100	ciory, sireer, orrica	blog., etc.	1						
	21 I certify that	(1) histodsenastast	K attend	ded the deceased for	ram	March 17	10	60 ta	April 2	3	19 60) the	st (1) (3	K29 last
	saw the decease	ed alive an Ap	ril 2	2 1960 , and t	hat a	leath accurred	1 02:4	Sun from	the courses a	und a	on the	date	stated	abave
	220. SIGNATURE	101.1			1101	Jedin George		P-17 17 CHIT	M	1110	DIF THE	uu,c		.DATE
		I'M'I	Lus	Del		M.D PHYS.		ECTOR	STAFF PHYS			4-2	23-60	SIGNED
	22c PHYSICIAN'S	U				22d. ADDRE	SS							
	NAME (Type)	K. M. MOS	ER, I	T, MC, USNR		U. S	. Nav	al Hos	pital,	Bet	thesc	la,	Md.	
2	30 BURIAL CREMATION	N, 23b. DATE THEREC)F	23c NAME OF CEMET	ERY O	R CREMATORY		23d LOCAT	10N (City, town	, ar c	ounty)		(State	e)
	REMOVAL (Specify) Burial	Of126	19613	Arlingto	n N	Mational		Ar	lington,	V	8.			
2.	FUNERAL DIRECTOR'S	SIGNATURE 2	i de la 	ADDRESS			250 REC'1	BY REGIST	RAR 25b REC	SIST R	AR'S SIGI	VATUR	E	
1	Evel Ty Willean	tly Funera	Y Hor	e, Alexandr	ia,	Va.	DATE AP	26 6	0 a	the	1 8.1	Times	4	

TO HOSP or ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and so ther deoth rage 4 may be and by the haspital or attending phys clan.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Tages 1 and 2 shauld be filled with the State Board of Health prior to bur all, cremotion, or removal, and in any event, with in 72 hours after death. VR A15 (4) 15M 9/59

H



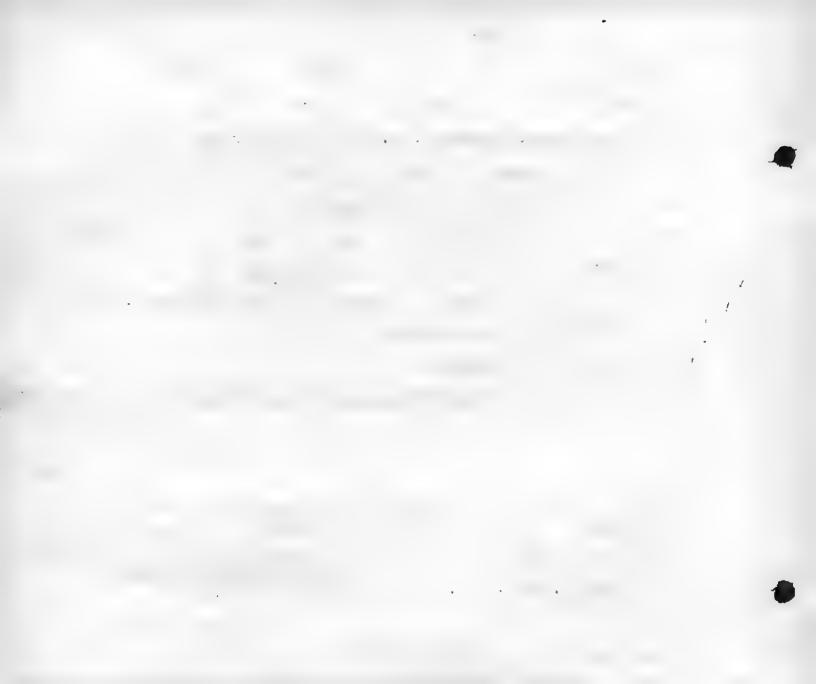
VS A15 (4) 15M 9/58 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4798 CERTIFICATE OF DEATH

Reg. Dist. No.

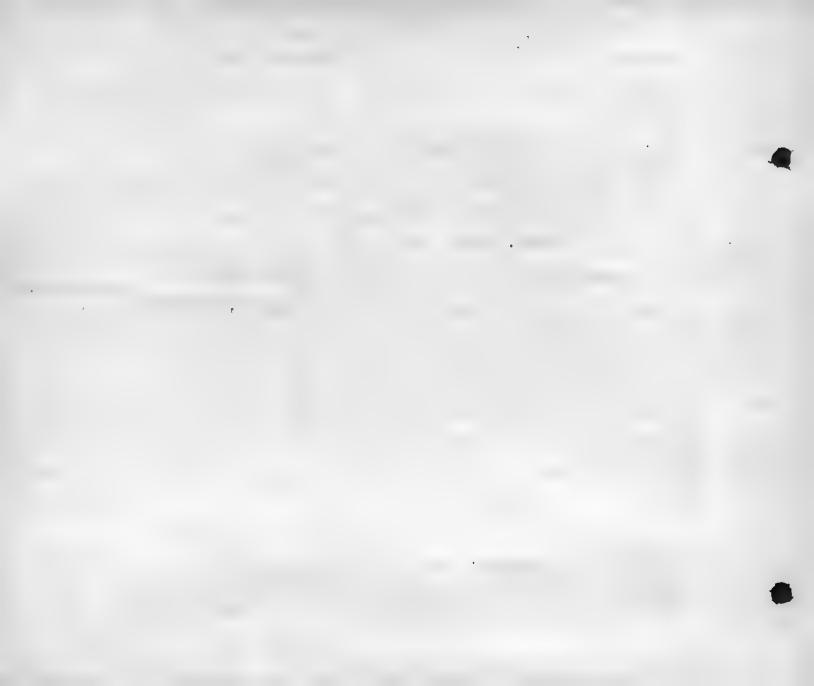
)	1 PLACE OF DEATH 6. COUNTY Montgomer	У		MARYL	AND	2. USUAL RESIDENCE (W) STATE Canada	here decease	lived. If institute the country Manit	oba	e before ad	Imission)
	RURAL and give nearest town)			LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (If a	RURAL ond g	ive nearest			
1		TAL (If not in hospital, gi			d.	d. STREET ADDRESS 864 Jeffers	on Sti	reet		0	RESIDENCE ON A FARM? S NO
	3. NAME OF DECEASED (Type or print)	Firs J i.m m		Middle (None)	Mokelkie	4. DATE OF DEATH		anth ril	Day 5	Yeor 19 60
	5. SEX		7. MARRIED	NEVER MARRIED	100	April 23, 19	52	9. AGE (In year last birthday)	rs IF UNDER		INDER 24 HRS
	10a USUAL OCCUPATI	1,		D OF BUSINESS OR		TRY 11, BIRTHPLACE (State	_		12 CITIZ	EN OF WH	ATCOUNTRY?
_	13. FATHER'S NAME John Moke	lkie				14. MOTHER'S MAIDEN N					
	15. WAS DECEASED EV	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT The Medical Record Address (If yes, give wer or dates of service)									and
	PART I. DE. Canditions, if a gove rise to cause (a), stating lying cause lost. PART II OT PART II OT OR CONTRIBUTION (IF EITHER, NOTIF) 100c. TIME OF INJUIN Hour a.m., p.m.	mmediate the under- (c) HER SIGNIFICANT COND AS UNDERLYING CONDITIONS CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Yea 19 hat I attended the	Peritons CON 206. DESCRIB 20d INJUI While at work	onitis athic hyperation of DEAT E HOW INJURY OCCURRED Not white at work fram April	CURREL CORRECT COS. PLA	accurred at 6:35A	Port t ar Par 20f (City 211 5 M, fram Address (s	or tawn) the causes of treet, city ar law	,that I las and an the n, stote)	1 No. 19 We per yes ounty)	(State)
, and a		dgar H. Lev	T	D. C. NAME OF CEMET	ERY O	National I Bethesda 1	h, Mar			BA CH	(Stote)
	23. FUNERAL DIRECTOR	mbers 6	140	O Chafin	Son	コンノ	D BY REGIST		GISTRAR'S SIG		



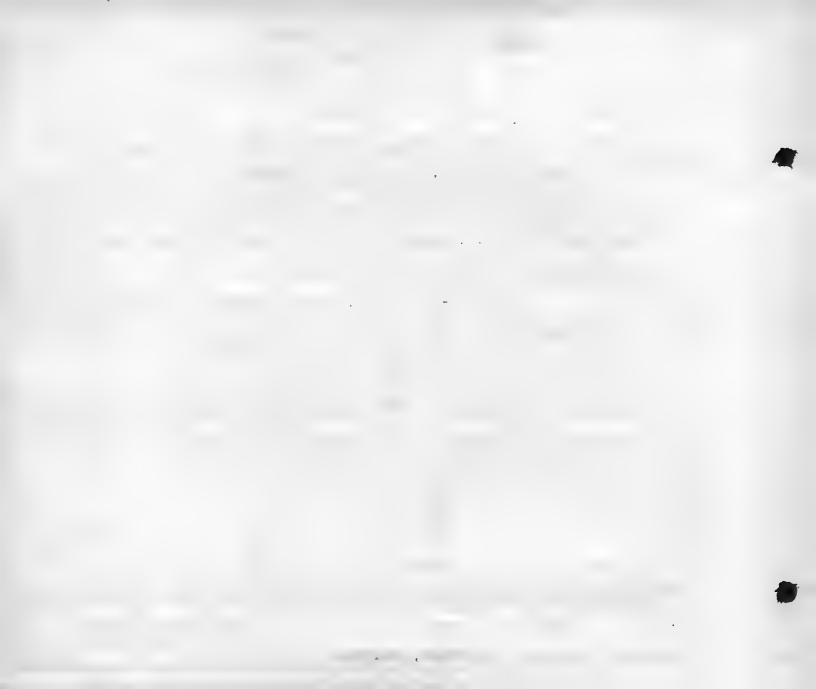
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 4799MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) write RURAL and give nearest town) d. NAME OF HOSPITAL OR e. IS RESIDENCE ON A FARM? YES NO ST 3. NAME OF 4. DATE Month DECEASED OF (Type or pr.nt) 9. AGE (In Jeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. | lest birthdey) | Months | Deys | Hours | Min. TI 8. DATE OF BIRTH 83 WIDOWED 7 DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Montg County Roads 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Sarah Buckey William Morningstar

15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. 16. SOCIAL SECURITY NO. 17. INFORMANT Address Kensington, Md (Yes, no, or unkown) | (If yes give wer or deles of service) Archie Morningstar, 10107 Manakee St. None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: day IMMEDIATE CAUSE (a) DUF TO Conditions, if any, Which gave rise to immediate cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,61, 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO IZ YES 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Year (County) (Slete) fectory, street, office bldg., etc.) While Not While el work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry ... and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION! 22d. LOCATION (City, town, or country) Beallsville, Md Monocacy <u>0</u>40 g 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 4716 Reg. Dist. No. directo 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY filed MARYLAND Montgomery Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 pe RURAL and give negrest town) Derwood uld. Gaithersburg d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route #1. Box 25 Rest Haven Nursing Home YES INO NO 4, DATE NAME OF Middle Month Day Year DECEASED NDEATH (Type or print) Marron (Leslie) MULLICA April 19 60 Pages Richard 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Одуз Hours March 30, 1883 White DIVORCED | Male WIDOWED T 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country] 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. Govt. Germantown, Maryland USA Retired-Navy Yard 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Minnis Archibald Mullican 17. INFORMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address No 577-38-7727 Mrs. Orra P. Mullican Same Item #2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HROMBOSIS ERRAL DUE TO -AILULE permit. Conditions, if any, which gave rise to immediate DUE TO caese (a), stating the underlying couse lost. WAS AUTOPSY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PERFORMED? YES NO TO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 1B.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) WED Hour a, m While Not while at work at work p. m. 196 Q. ta BANIL 1960 that I last saw the deceased 21. I certify that I attended the deceased from Soblemia and that death occurred at 2.50 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior D PHYSICIAN'S he registrar Gordon S. Rosenberger NAME (Type) FUNE 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) page BILLIA (Specify) Gaithersburg Maryland Apr. 9, 1960 Forest Oak 24b. REGISTRAR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE DATE APR 1 Robert A. Pumphrey - Bethesda, Maryland VS A1S [4] 1SM 9/55



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH オウソロ TE OF

1		4800	CERTIFICAT
ន	1 PLACE OF DEATH		NA BYLAND

DEAL	H				U	* 4	-	4
								-
DECIDENCE	MAThana.	dacagead	l und	I imperaturation	Parid	mmra	before	

	1 PLACE OF DEATH o. COUNTY		MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE b. COUNTY								
	MONTGOMERY b. C TY OR TOWN (If outside co	prporote limits, write c	LENGTH OF STAY IN 16	MARYLAND MONTGOMERY								
	RURAL and give nearest town		36 DAYS	X Managari								
6	d. NAME OF HOSPITAL (IF not i	n hospitol, give street ode	36 DAYS	d. STREET ADDRESS	Λ			e. IS RESIDENCE ON A FARM?				
b	MONTGOMERY COUNT	Y GENERAL HO	SPITAL	R. F. D	_			YES NO				
	3 NAME OF DECEASED	First	Middle	Last	4. DATE OF DEATH	Month	3 De					
		WILLIAM	SHERMAN	B. DATE OF BIRTH		APR		19 60 IF UNDER 24 HRS				
		WHITE WIDOWED	NEVER MARRIED DIVORCED	2/9/68	los		Months Days	Hours Min				
	100 USUAL OCCUPATION (Give ki	nd of work done 10b. KII	- A 1			76	12 CITIZEN O	F WHAT COUNTRY?				
	during most of working life, even Stone Mas	ren if retired)					11 6					
	13 FATHER'S NAME	On		14. MOTHER'S MAIDEN			J U. A.	A				
_	WILLIAM T.	S. MULLINIX		Mary								
1	15. WAS DECEASED EVER IN U. S.			INFORMANT		Addre	98.1					
1	(Yes, no, or unknown) (If yes, give w	or or dotte or tervicin	\$16.645.600	HOSPITAL RE	CORDS. (LNEY.	MARYLAN	D				
	18. CAUSE OF DEATH [Enter	only one couse per line	for (o), (b), and (c).]	40 /			INT	ERVAL BETWEEN				
	PART I DEATH WAS C	AUSED BY. TE CAUSE IOL 3	TITEL AX)	12unal	oppness	more	er, on	SET AND DEATH				
	77/	1771X										
	conditions, if ony, which) in Hybride levie the sine such disease											
	gove rise to immediate	DUS TO	1 1	vicai	0000	12						
	couse (o), stating the <u>under-</u> lying couse lost	(6)	ditul,	Menore	,							
	PAIT II OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TER	RMINALD SEASE CON	DITION GIVE	N IN PART 1(0)	19 WAS AUTOPSY				
	DIVERTICULUM OF CSOPHAGUS & DUODENUM. SENILE PSYCHIC CHANGES YES EX NO											
-	200 ACCIDENT WAS UNDERLOOP OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL I	OF DEATH	BE HOW INJURY OCCURE	ED (Enter Noture of injury	in Part I or Part I, of	item 18)						
	20c TIME OF INJURY Month, Hour a.m.			PLACE OF INJURY (Home, fo		wn)	(County)	(Stote)				
	Hour c.m.	19 While of work [Not while	ociory, sireer, office blug.,	eic.)							
	21 I certify that (I) (thi	s haspital) attended	the deceased fram	December	1258, to an	il 12	1960 tl	nat (I) (we) fast				
	saw the deceased alive											
)	22o. SIGNATURE		^	death accurred at 100 M, from the causes and an the date stated above								
	1 Ame	adon u	0	MD PHYS. MED. STAFF SIGNED STAFF								
	22c PHYSICIAN S NAME (Type)	-	†	22d ADDRESS		410-		., .,				
	G.F	, MEADOR	S, M.D.	DA	+MASC US,	MD_						
	23a BURIAL CREMATION, 23b C	ATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION	C ty, town, o	r County)	(Stote)				
	Burial 4	/14/60	Bethesda.	Meth.	Brow	nings	v:177a	Ma				
	24 FUNERAL DIRECTOR'S SIGNAT	IRE H	ADDRESS	25g PI	C'D BY REGISTRAR	25b. REGIS	TRAR'S SIGNATE	IRE				
	Ulema Py	rusunic	Damascus,	Md . DATE	APR 1 8 '60	an	thus L. The	щА				

TO HOST of OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yers after death. Page 4 may be anneaby the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 shauld be filed with the State Board of Health prior to bur all, cremation, or remaval, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/S9

CERTIFICATE OF DEATH 4712 Rea. Dist. No. of director, filed with with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY o. STATE b. COUNTY Primrose Street MARYLAND Maryland Montgomery funeral b CITY OR TOWN (f outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe RURAL and give nearest fown) shauld Chevy Chase 36
d NAME OF HOSPITAL (If not in hospital, give street address) Chevy Chase e IS RESIDENCE ON A FARM? YES NO D Primrose-Street NAME OF DECEASED First Middle 4. DATE Manth Year April W. Murphy DEATH 11 1960 (Type or print) James 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE {In years lost birthdoy) Months Days WIDOWED 🔽 DIVORCED [Male 10a LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Dist. of Col. U.S. Senate Reporter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Montgomery Edward V. Murphy 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address Walter D. Murphy 5116 Sangamore Rd. Jnknown altending Ft. Summer Hills, Md INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (o), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? YES NO 7 70g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TiME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a m. Not while. at work at work 21. I certify that I attended the deceased from Mar 3 1955, to light VI _, 19.6. That I last saw the deceased 19 (2) __, and that death occurred at 12 ftM, from the causes and on the date stated above. alive an 🗇 O FUNERAL DIRECTOR ADDRESS (Street, city or lawn, stote) ACTUAL PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 22b DATE THEREOF 22d LOCATION (City, town, or county) page REMOVAL (Specify) Mt. Olivet Cemetery Washington. Burial 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthur & Krough 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

422,1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4801 CERTIFICATE OF DEATH

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1. PLACE OF DEA			MARYL	- 11	USUAL RESIDENCE o STATE	(Where deceas	ed lived If instituti b COUNTY	on Residence	before gain	iss on}
	OMERY				MARYLA			GOMERY-		
RURAL and	DWN (If outside corporate lim give nearest town)	ils, write	c. LENGTH OF STAY !	N 16	c. CITY OR TOWN	(If outside con	porote limits, write R	URAL and gi	ve nearest to	wn}
OLNEY			1 nay		ASHTON					
OR INSTITU					d. STREET ADDRESS	5			ON	ESIDENCE A FARM?
	RY COUNTY GENE	RAL_	HOSPITAL						1 1 1 1	7 140 130
3. NAME OF DECEASED (Type Dr print)		rst	Middle		Last	4. DATE OF DEAT	Mor	oth	Day	Yeor
	HARMA		JANE		MURPHY	DEAT	APR		25	19 60
S SEX	6 COLOR OR RACE	7 MAR	RIED NEVER MARRIE	DXC B D	ATE OF BIRTH		9 AGE (In years lost birthdoy)		YEAR IF UN	
FEMALE	MHITE	WIDOW	_		12/26/44		15 yrs			
10a USÜAL OCC	UPATION (Give kind of work of working life, even if retired	done 10b	. KIND OF BUSINESS OF	INDUSTRY	11. BIRTHPLACE (S	tate or fareign	country)	12.CITIZ	EN OF WHAT	COUNTRY
	None		÷	-	CALIF	ORNIA		Ua	S. A.	
13. FATHER'S NA	ME			1	MOTHER'S MAIDE	EN NAME				
	ROBERT E. M	URPH'	Υ		ANNA K	ATHERLI	NE TOBIAS			
	ED EVER IN U. S ARMED FO		SOCIAL SECURITY NO	17 INFOI			Add	iress		
[Yes, no or unknown)	[If yes, give wor or dates of	service)	none	Но	SPITAL RE	CORDS	Ω	NEY.	MARYLA	HD.
18 CAUSE O	OF DEATH [Enter only one c	ouse per l	ine for (a), (b), and (c) 1						INTERVAL	
	I. DEATH WAS CAUSED BY:		. 3	1.1		_			ONSET AN	ID DEATH
	IMMEDIATE CAUSE (o)	in co	is fe	un on	-			10	
	DUE TO	0								
Condition	s, if ony, which)	b)								
	to immediate (
	rotting the under-	,								
lying couse		c)				-				
PART	II. OTHER SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO DEA	TH BUT NO	RELATED TO THE T	ERMINAL DISE	ASE COND TION GI	VEN IN PART	1(a) 19 WA	S AUTOPSY FORMED?
[8]										NO [
20g. ACCIDE	NT WAS UNDERLYING [7]	20b DE	SCRIBE HOW INJURY OF	CURRED (E	nter noture of injury	in Port 1 Or P	ort II of item 1B)			
	NT WAS UNDERLYING [] IUTING [] CAUSE OF DEATH IOTIFY MEDICAL EXAMINER)			•						
20c, TIME OF	INJURY Month, Doy, Yo	ear 20d.	INJURY OCCURRED	20e PLACE	OF INJURY (Home,	form, 20f (C	ity or town)	(Co	ounty)	(Stote
Hour	10	While		foctory	street, office bldg.,	etc.)				
\$	p. m.	or wo	ork at work		. /					
21 certif	y that (I) (this haspita	il) aften	ded the deceased t	fram2	124	19/24.10	4/25	, 19_6_	that (i)	(we) las
saw the d	leceased alive on 4	12	196 1 and	that deal	h occurred at	M. from	m the causes ar	ad on the	dote state	ed above
220 SIGNAT		- 4		mar dear	0.2007100 012.		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 011 1110		22b DATE
The second	S 02 -		2	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS			SIGNED
22c. PHYSICI		7	Y		22d ADDRESS					-
NAME (Type) A. D.	Во	nifant		Olne	ev	1	Md.		
230 BURIAL, CRE	MATION, 236 DATE THERE	Of	23c NAME OF CEME	TEDY OR C			CATION (City, fown,			tote)
REMOVAL (S		01	250 NAME OF CEME	TERT OR CI	EMATORI	230 100	ATION (CITY, TOWN,	or county)	[5]	orej
Buri	70 4 4 40	60	Rock Cr	eek (Lemetery	W.	shingto		_C	
24 FUNERAL DIR	ECTOR'S SIGNATURE		ADDRESS		250	REC'D BY REG	ISTRAR 256 REG	STRAR'S SIG	NATURE	
17/13/	is I waste	en I a	vtonsvill	~ *F.	DATE	PR 27	'60 C	rthun &	France	
1			V LOUS V L. L. I.	TAY C				1 201	. ~ ~ ~ ~ ~ ~ ~	

TO HOSE I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing may the may the baspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete y filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/59

urs after death. Page 4

in by the fugical director, and 2 should be filed with



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

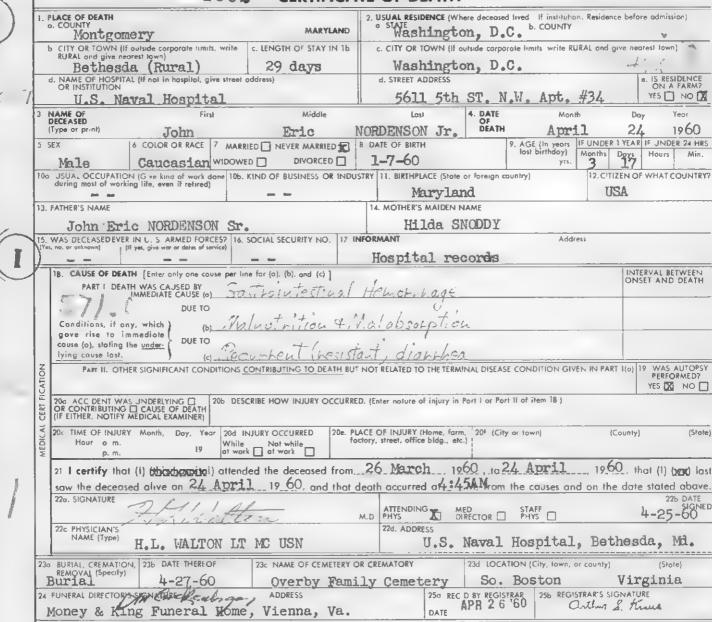
Page

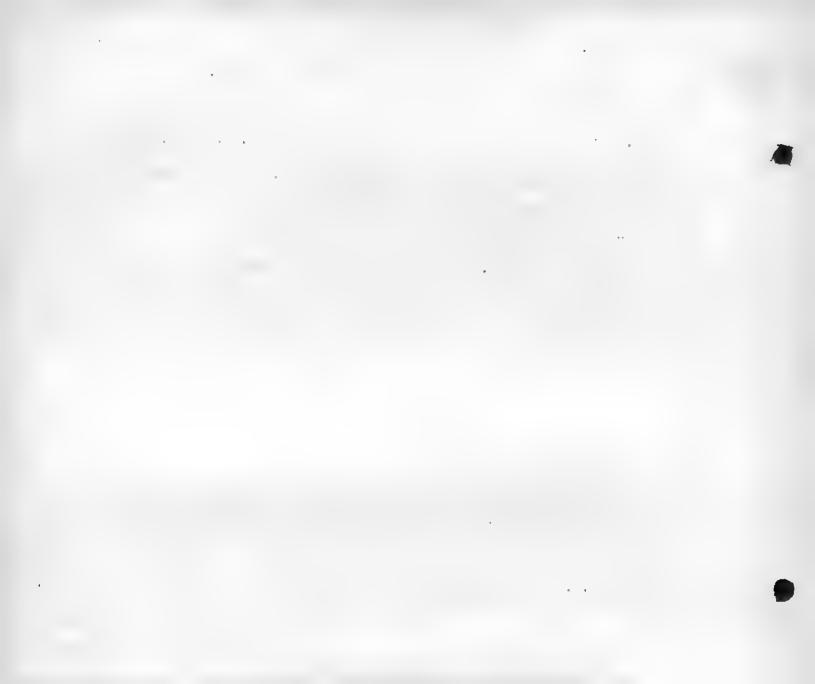
ottending physicing please remave

9

DIRECT

event





VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

Pumphrev

e. IS RES DENCE ON A FARM?

YES NO.

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

8 hrs.

36 hours

10 years

PERFORMED?

NO I

(Slote)

Md.

19 60

Day

14

US

Hollywood Cemetery Richmond. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

Bethesda, Maryland APR 1 9 '60

Clothur & Kings

335X

a

Р

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH il directar, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o COUNTY a. STATE **b.** COUNTY MARYLAND Montgomery Md. Montgomery funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest fown) 2 RURAL and give nearest town) pluods Chevy Chase
d. NAME OF HOSPITAL (If not in haspital, give street address) Chevy Chase d, STREET ADDRESS o IS RESIDENCE OR INSTITUTION 26 YES NO 600 Dorset Ave. 600 Dorset NAME OF First Middle 4. DATE Manth Year DECEASED OF ROSE (Type or print) O' CONNOR DEATH Apri] 19 60 S SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours WIDOWED T DIVORCED [July 13, 1887 female white 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup Homemaker at home Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME g physician remave cark law requires that the death certificate Dora P. Marsden George W. Harig WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address attending Mrs. Dora G. O'Connor-4600 Dorset Ave. no please 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY THROMBOSIS IMMEDIATE CAUSE to DUE TO GENERAL ARTERIOSCLEKOSIS permit. Conditions, if ony, which gned ((b) gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY FICATION PERFORMED? burial YES NO M 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18) certificate 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, , 20f (City or town) (Caunty) (Stote) factory, street, affice bldg., etc.) 5 5 E Haur o. m. While Not while ot work at work D. m. jo 60, that (1) (ma) last 21 I certify that (1) (this hospital) attended the deceased fram __ ă eq and that death accurred at TPM, from the causes and an the date stated above 19 60 saw the deceased alive an 22o 5 GNATURE 22b. DATE ATTENDING SIGNED DIRECT M.D. DIRECTOR [22c. PHYSICIAN'S 22d, ADDRESS NAME (Type , E C 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) Loudon Park Buria Balto. Md. ADDRESS 296. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 26'60 arthur & House VR ATS (4) DATE 1SM 9/59

after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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		48	114	GERTI	ICAI	L OI DL	/X111						
I, PLA	CE OF DEATH OUNTY	-			- 11	2. USUAL RESIDE	NCE (Where	deceased	lived If institu		lence befo	ore admis	ssion)
	MONTGOME	RY		MAR	YLAND	DISTR	ICT OF	COLU					<u> </u>
ь, с R	URAL and give ned	outside corporate limi rest town)	ts, write	c LENGTH OF STAY	(IN 1b	c. CITY OR TO	WN (IF outs	ide corpore	ote limits, write	RURAL on	d give ne	earest low	m)
	MONEA	h 406 b		2 DAYS			NGTON	No h			A-17	/ //	LIDENICE
	DR INSTITUTION	L (If not in hospital, g				d. STREET AD			INGSTO		ક	YES [SIDENCE A FARM? T NO [
		COUNTY GE			<u>INO.</u>		GSTON				,		
3. NA/ DEC (Typ	EASED e or print)	Fi.	ARA	Middle		O GOR		OF DEATH		PRIL	15	ay	Year 19 6
5 SEX		6 COLOR OR RACE	1	RIED NEVER MARK	IED 🗍 B.	DATE OF BIRTH		9	. AGE (In year	IF JND	ER I YEA	R IF UND	
FE	MALE	WHITE	WIDOW			11/4/	86		73 yr	Month:	s Days	Hours	Min
du	ring most of work	N (Give kind of working life, even if retired	done 10b	KIND OF BUSINESS	OR INDUSTI	RY 11 BIRTHPLA	CE (State or	foreign cou	untry)	12. C	ITIZEN O	F WHAT	COUNTR
		(retired)		Grad Howin		NEW_					UNIT	ED S	TATE
13. FAT	HER'S NAME					14. MOTHER'S N	AAIDEN NA	WE					
	PAUL	SCHERBNER				unknow	n						
	S DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY NO	D. 17 INF	DRMANT			Ad	ldress			
J''. 10.	or unknown) (1	f yes, give war or dates of s	ervicir)	none	Ш	SPITAL	DECORE		0.	NDY.	Mn		
IB	CAUSE OF DEAT	TH Enter only one co	use per ti	ne for (o), (b), and (c)		/SPITAL	YE CORL	1		- FIU-T-	I'N'	TERVAL B	ETWEEN
"		H WAS CAUSED BY		1	1	1.1 3	2	tran				SET AND	DIDEATH
	116.	IMMEDIATE CAUSE ()	in a little	yecon	diali -	(Fem)	(26	aay
	4:	DUE TO	,	1	104	7	1					10.	
	onditions, if on)(Loronary	Liti	EVIOSU	crosi	5				16	713.
	ove rise to im ouse (o), stating t)	1									,
	ing couse lost.) (0	:)										
8	PART II OTH	ER SIGNIEICANT CON	DITIONS	CONTRIBUTING TO DI	EATH BUT N	OT RELATED TO 1	THE TERMINA	AL DISEASE	CONDITION G	VEN IN P	ART I(o)	19 WAS	AUTOPS
CATION		isilat	EVEL	Bronch	n buc	umonia					į	YES T	ORMED?
	n. ACCIDENT WAS			CRIBE HOW INJURY				rt I or Port	If of item 18.)				, <u> </u>
CERTIF OD OD OD OD OD OD OD OD OD OD OD OD OD	CONTRIBUTING	UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)				(,,		Í				
A 100		<u>`</u>] aa m a c			001 101					101
WEDICAL 20x	. TIME OF INJURY Hour a. m.	Manth, Doy, Ye	or 20d. I While	MJURY OCCURRED Not while		E OF INJURY (He ory, street, office I		20f. (City o	or lown}		(County	1	(Sta
¥	p m.	19	at wo						A 1		4 -		
21	I certify that	(I) (this hasplia	l)-dttend	ded the deceased	fram_E	eb.	195.	5 to	Horil	15, 19	60	hat (I)	(we) lo
1 1	w the decease	HL	11 /			ath occurred	01435PN	A. from t	he couses o	ind on t	the dat	e statei	d abov
	SIGNATURE	A	/		J IIIOI GC	dill occorred	G1 2 E 3217	ij it dili i	110 00000000	ing on t	. /		26 DATE
	X.	had li	. Yá	Ter	м		DIRE	CTOR 🔲	STAFF PHYS	1	7/16	160	SIGNI
22	PHYSICIAN'S NAME (Type)		- /			22d. ADDRES	S				,	1	
		RICHARD A.	YATI	es, M. D.			10	NEY.	MARYLAI	ND			
23a Bi	JRIAL, CREMATION			23c. NAME OF CEA	AETERY OR	CREMATORY	2	3d LOCAT	ON (City, town	, or count	y)	(Sto	ote)
RE	MOVAL (Specify)	4/19/60			HE . AE.			MONT	LOUNG SA	OCT.			1 . N.
24 FU!	VERAL DIRECTOR'S	SIGNATURE		ADDRESS	are an od to to the		25a REC'D			SISTRAR'S	SIGNATI	JRE	
19	DANER F	ASTARBATIC	KNC.	SILVERS	PRIN	, MIJ.	DATE API	1 1 9 6	0 (arthur	8. Ku	alle	

TO HOSP OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 25 are offer death. Page 4 may be and by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be file with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death. VR A15 (4) 1SM 9/59

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

		48	05_	CERTI	FIC.	ATE OF D	EAT	H		Reg	Dist. No).	
1	PLACE OF DEATH O COUNTY	ontgomery		MARY	LAND	2 USUAL RESID	ence (w		d lived. If insti b. COUN	YTY	idence befo		sian)
	b. CITY OR TOWN (IF RURAL and give need Bethesda	outside corporate limi arest town)	ts, write	c. LENGTH OF STAY	IN 1b	g* 2		outside corps	prote limits, writ	le RURAL o	and give ne	arest low	n)
2		al Center		oddress)		d STREET A	DORESS	Grubb					SIDENCE A FARM? NO K
	NAME OF DECEASED (Type or print)		cede	(,	olme		4. DATE OF DEATH	Ar	Month	1.	4,	Yeor 19 60
	Female	White	WIDOW	_	0	B. DATE OF BIRTH	18,	1918		yrs IF UN Moni	ths Days	Heurs Heurs	Min.
	Housewife	N (Give kind of work on the life, even if retired)	done 10b	KIND OF BUSINESS O	RINDU	Washi	ingto	n_{\bullet} $D_{\bullet}0$	country)	12.	U.S.		OUNTRY
13.	Planos Dra	in				14. MOTHER'S Berni	ice D	avis					
	WAS DECEASED EVER is, no, or unknown) (1	IN U. S. ARMED FOR f yes, give war or dates of s		579-01-3053		nformant The he Clinic					4, Ma	rylai	nd
		H WAS CAUSED BY	He	patic insu		iency					OH	ERVAL BE	DEATH
	Conditions, if an		My	elophthisis							ın	onth	s
	cause (o), stating t	he <u>under-</u> DUE 10	11	rcinoma of ver, marrow	7, F	leura, lu	ngs a	and ly	mph nod	es		yea	
CERTIFICATION			DITIONS <u>(</u>	CONTRIBUTING TO DEA	TH BUT	F NOT RELATED TO	THETERA	AINAL DISEAS	E CONDIT ON	GIVEN IN	PART 1(a)	PERFC	AUTOPSY DRMED?
	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRE	D (Enter noture o	Finjory in	Port I or Po	rt II of item 18)				
MEDICAL	20c. TIME OF INJURY Hour a.m. p.m.	19	While at war	k 🔲 at work 🔲	fo	ACE OF INJURY (I ctory, street, office	bldg , et	c.)			(County		(Stote)
	alive an Ap	at I attended the ril 11;		ed from Marc		accurred at	2:55A	M, fram	the causes treet, city or to	and an		e stated	
	PHYSICIAN'S NAME (Type)	John L. I	ewis	, Jr., M.D.		Nat	lonal	Insti	tutes o		alth		
	BURIAL, CREMAT OF REMOYAL (Specify) Burial	4-18-6		22c. NAME OF CEME	_		m	22d. LOCA	TION (City, tow	vn, or cour		(Sto	io)
23.	ROBERT A	SIGNATURE PUMPHR	EY	Bethes	da.	, Md.	24a. REC	TO BY REGIS			S SIGNATU		

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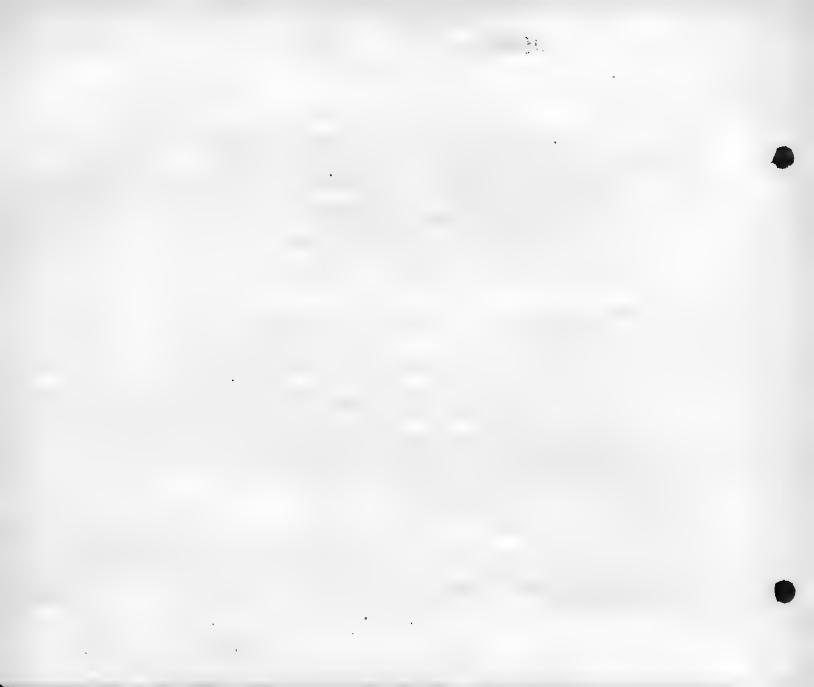
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 4806

,	a, COUNTY			o. STATE	here deceased lived. If institution	on Residence before admission)			
,		7	MARYLAN		Columbia				
			rite c. LENGTH OF STAY IN T	b c. CITY OR TOWN (If a	outs de corporate limits, write R	URAL and give nearest town)			
			43 days	Washington		47			
	d NAME OF HOSPITA	AL (If not in hospital, give s	(reet oddress)	d STREET ADDRESS		a IS RESIDENCE ON A FARM?			
	U. S. Nava	al Hospital		3389 Stephe	nson Place. N.	W YES NO TO			
	3 NAME OF	First	Middle	Last	4. DATE Mon	th Day Yeor			
	(Type or print)			ORR					
	S. SEX	6. COLOR OR RACE 7.			9. AGE (In years	IF JNDER 1 YEAR IF UNDER 24 HRS.			
	Female					Months Days Hours Min			
	100 USJAL OCCUPATIO	N (Give kind of work done	106 KIND OF BUSINESS OR IN			12. CITIZEN OF WHAT COUNTRY?			
		ing life, even if retired)		Monulan	a	TI C A			
	13. FATHER'S NAME					U.D.A.			
	Charles To	mie Cwinn		Marrie E O	19rd on				
			TIL SOCIAL SECURITY NO TE			rets			
	(Yes, no. or unknown)								
		m. fr		(h) Thomas E. O	ir, same as pe				
			, _	(7-)	/ 0	INTERVAL BETWEEN ONSET AND DEATH			
	410	IMMEDIATE CAUSE (0)	collinose	lerolie Me	art cureas	e 5+420-			
	L TV	DUE TO				0			
	lying couse lost.) (c)							
	PART II. OTH	ER SIGNIF CANT CONDITIO	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	'EN IN PART I(a) 19 WAS AUTOPSY PERFORMED?			
1	<u> </u>	Proto	alle metas	latic Carci	noma	YES NO X			
	200 ACCIDENT WA	S UNDERLYING 206.	. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Port I or Port II of item 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
	20c. TIME OF INJURY					(County) (State)			
	₩ p. m.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	21 I certify tha	t (I) (thinchcommissis at	tended the deceased fra	m March 15 19	60 to April 27	, 19.60 , that (I) (wsKlast			
					(377)				
ľ	22o. SIGNATURE	3 0 0	A A	deall accorded days	Jan, moin me cooses an	22b. DATE			
-	1	. 9. Galle	intel	M D PHYS X DI	ED. STAFF	4-27-60			
	22c. PHYSICIAN'S	0 0		22d ADDRESS					
	NAME (Type)	R. G. GALBRA	ITH, JR., LT, MC,	USN U. S. Na	val Hospital,	Bethesda, Md.			
		N 23b DATE THEREOF	23c NAME OF CEMETER	Y OR CREMATORY	23d LOCATION (City, fown,	or county) (State)			
	REMOVAL (Specify)	2.4	960 Arlingto	n National					
MARYLAND COUNTY MORTGOMERY County County									
	100		2901 14th St	W.WashDC DATE					
			,			20 / V/AA/A			



CERTIFICATE OF DEATH director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g STATE b. COUNTY INSPIRATE AND IN most somer4 CITY OF JOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM OR INSTITUTION YES NO minni Auc 4. DATE OF DEATH NAME OF Middle Manth Day Year DECEASED 1960 (Type or print) 9 AGE (Mr years IF LINDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdoy) Manths Days Hours WIDOWED [DIVORCED | -cmale 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) analiset -1209 11/150,003/17 9000100 13. FATHER STNAME 14. MOTHER'S MAIDEN NAME Ida Madaus physic Q) 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address G P edse oftendir 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which fls! gned gave rise to immediate DUE TO couse (a), stoting the underlying cause last al-transit ON GIVEN IN PART 1(a) 19 WAS ALTOPSY PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? hos) YES NO 200 ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month. 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year (County) (State) factory, street, office bldg., etc.) Haur o.m. While Not while of work of wark p. m. 21 I certify that (I) (this hospital) attended the deceased from S 19 20, that (1) (we) last sow the deceased alive on Charle and that death occurred out it M, from the couses and on the date stated above OR 22a SIGNATURE SIGNED DIRECT ATTENDING STAFF M D PHYS DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) FUNERAL 230 BURLAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, towns or county) (Stote) REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATULE REC'D BY REGISTRAR arlun & Kraus

1SM 9/59



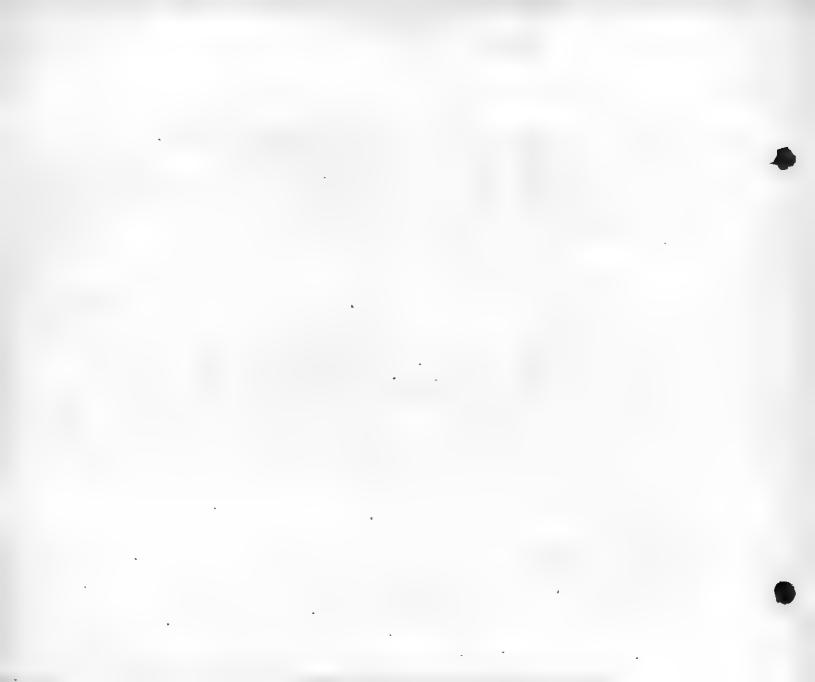
, , , , , , , , , , , , , , , , , , ,	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
(14)	4807 CERTIFICATE OF DEATH	·,
	1. PLACE OF DEATH a. COUNTY MONT GOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before a COUNTY MONT GOMERY) MARYLAND 1. PLACE OF DEATH b. COUNTY DC	ore admission]
shauld be filed	b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) THE THE GOOD TO MORNING LA	arest town)
N 070	d. NAME OF AOSPITAL (If not in hospital, give street oddress) OR, INSTITUTION CONGREGGIONAL MANOR SANITARIUM 4000 CAPARAL AVE NUI	e IS RESIDENCE ON A FARM? YES NO
ges 1 and	3 NAME OF DECEASED (Type or print) CHARLOTTA FIRST Middle PHIER DEATH APRIL 10	19 6C
papers. Pages	S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH FEMALE WHITE WIDOWED DIVORCED	IF UNDER 24 HRS Hours Min
= 0	100 USLAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12 CITIZEN O WASHINGTON, D.C. Un	G. A.
after	LOUIS FALK ERACE PETTIOREW	
72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (18 yes, give wor or dates of service) NONE MRS. TERESH WOOD HOTE CATHETE	teal Au
The state of the s	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). CEREBRAL THROMOGIS S	ERVAL BETWEEN SET AND DEATH
day even	Conditions, if ony, which) (A) CEREBRAL ARTERIOGIER OGIS	7
<u>. 5</u> - 5	gave rise to immediate couse (a), staling the <u>under-lying cause last.</u> (c)	
naval, an	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0)	PERFORMED? YES NO []
ar reg	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
emot on	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 of work of work (County)	(Stofe
burial, cr	21. I certify that I attended the deceased fram 1957, 19, to HARI 10, 1960 that I last say alive an 1960 L., 1960, and that death accurred at 355 M, fram the causes and an the date	
igr to	ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE MACHINERY	DATE SIGNED
registrar pr	PHYSICIAN'S SAUL ZUKERMAN, MD	/ /
0 0	220 BLR AL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) 22d LOCATION (City, town or county)	(State)
the re	23 PONERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
	Joseph Reviers Dons, Washington D.C. DATE APR 1960 Citing 2, 74	



b	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
A.		4808 Items 21 CERTIFICATE OF DEATH (1944) Reg. Dist. No.
Page 4	director.	1 PLACE OF DEATH o. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY b. COUNTY b. COUNTY COUNTY Description:
leath.	be fi	b C TY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
offer d	should	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. 1S RESIDENCE ON A FARM?
ST.	1 P	Suburban 1/8 Thomas Drive YES NO 18
*	illed ii	3. NAME OF DECEASED (Type or print) Poly (1/2) Poly (1/
withir	etely f	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years lost birthday) Months Dayy Hours Min.
ecuted	compl papers ath.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during interesting life, even if refired)
ye eq	don don	13. FATHER'S NAME 14. TOTHER'S MAIDEN NAME 14. IN STREET TO THE STREET T
icare	ysicion ysicion	Track: M. Harch Is was deceased ever in u. s. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address Son-, in - Law
certif	ng ph	(191. no. or unknown) (18 year, give way or doller of service) 331-01-5266 hours & Frechtling-5623 Newington Rd Wash 16
death	mendi meas within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) LEFT CEREBRAL THROM 30515
at the	Then Then	DUF TO
es the	ed by rmit.	Conditions, ill'any, which gave rise to immediate couse (a), stoting the under DUE TO Conditions, ill'any, which gave rise to immediate couse (a), stoting the under DUE TO AND GENERALIZED
requir	and in	lying cause lost. (c)
wol e	s beer siletran val, o	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO PARTIES OF THE PART 10 PART
AN: The	ficate ha	20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC	this certification, emotion,	20c. TIME OF INJURY Month, Day Year 20d INJURY OCCURRED Hour o. m. 19 While Not white at wark of twork of two or work of two
DING	After hed fa	21. I certify that lattended the deceased fram. 3.19.60, 19. to 3.22.60, 19. that I last saw the deceased alive an. 4.22.60, 19. and that death accurred at 3.29. Fram the causes and an the date stated above
TTEN	detact to bus	ADDRESS (Street, city ar tawn, state)
OR A	DIREC Id be prior	SIGNATURE POSCIT M. COOLE MD. 4630 montgomery live 3/22/60
	shou istrar	PHYSICIAN'S NOBERT N. GOALE
SON 4	FUNE page 3 he reg	PEMOVAL (Specify) 4/36/1960 : 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION CONTROL OF THE STATE OF CEMETERY OR CREMATORY 100 100 100 100 100 100 100 100 100 10
VS 4	15 (4)	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 26 REGISTRAR'S SIGNATURE
	9/\$B	Marlen W. Nysong Co - 1300-1. St, N. Wate APR 25'60 arthur S. Kraus



D STATE DEPARTMENT OF HEALTH Item 2 Fil. G261 4-18-60 et CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY o STATE b. COUNTY MARYLAND funeral CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) shavid 3 du45 Washington Kensington the d NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? OR INSTITUTION YES T NO K pitarium NAME OF Middle Filled OF DEATH DECEASED Pages (Type or print) 1960 5 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED B. DATE OF BIRTH campletely last birthday) Months Days Haurs WIDOWED D DIVORCED papers. yrs 18a. USJAL OCCUPATION (Give kind of work done 10b. KIND QF BUSINESS OR INDUSTRY 11 12 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) during most of working life, even if retired) and our 115 FR por 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nnown INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions if any, which gave rise to immediate DUE TO cause (o), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES NO B 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part or Port II of item 18) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, , 20f (City or town) Doy, Year 20d. INJURY OCCURRED (State) (County) Hour a.m. factory, street, office bldg., etc.) While Not while at work at work p. m. april 5 1960 that I last saw the deceased , 19(- Q, ta 21. I certify that I attended the deceased fram. and that death accurred a 34 A.M. from the causes and an the date stated above. alive an DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE n. lene 3 shauld PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) REMOVAL (Specify) 0 Georgia 6240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) Cithur & Heart 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

64749

	4669	CERTIFICA	ATE OF DEAT	Н			~~
1. PLACE OF DEATH a, COUNTY	MUMIGUARRA	MARYLAND	2. USUAL RESIDENCE	(Where deceased	b COUNTY		fore adm ssion) GOVERY
RURAL and give no	f outside corporate limits, write carest tawn) IR SPRING	CLENGTH OF STAY IN 16	c city or fown 18 SILV	(If outside corpo ER SPRII		URAL and give n	earest town)
d NAME OF HOSPIT OR INSTITUTION	A. (If not in hospital, give street	oddress) तरमञ्	7902 T FOMA	ALENIE			e IS RESIDENCE ON A FARM? YES NO []
3. NAME OF DECEASED (Type or print)	STELLA	Middle M.	PRICE Lost	4. DATE OF DEATH	Mon APR		Day Yeor 13 19 60
2 SEX	6 COLOR OR RACE 7. MAR WIDOW	~~~	8 DATE OF BIRTH 1/20/86		9. AGE (In years lost birthday) 74 yrs	Months Days	R IF UNDER 24 HR
10a USUAL OCCUPATION during most of work Clerk, reti	ON (Give kind of work done life, oven if retired)	KIND OF BUSINESS OR IND S. GOVT anama Caral	St. Paul			12 CITIZEN C	OF WHAT COUNTRY • A •
13. FATHER'S NAME William Mi	egel		14. MOTHER'S MAIDE Vina	Nelson			
	R IN U. S. ARMED FORCES? 16.		. William M.	Price,	7902 Tak Silver S	oma Ave	Md.
Canditions, if o gave rise to i couse (a), stating lying couse lost.	ny, which (b)	CONTRIBUTING TO DEATH BI			LLLOS E CONDIT ON GIV		19 WAS ALTOPS' PERFORMED? YES NO E
U (IF EITHER, NOTIFY	MEDICAL EXAMINER)	INJURY OCCURRED 20e.	RED (Enter nature of injury PLACE OF INJURY (Home,			{Count	y) (Stote
Hour a.m.	19 While of wo	rk ot while	foctory, street, office bldg.,	etc.)			
21 I certify the saw the decease 220 SIGNATURE	at (I) (this haspital) attended alive on 4.7.	ded the deceased from	death accurred of				that (1) (we) laste stated above 22b.DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	RUSSELI M. TIL	MU) // ·	M.D PHYS 22d ADDRESS 4701 Ma	DIRECTOR D	, Wash.	<i>پ</i> ر	-13-60
230. BURIAL, CREMATIC REMOVAL (Specify) Cremation	236 DATE THEREOF 4/16/60	23c NAME OF CEMETERY Ft. Lincoln			TION (City, fown, one Geo. C		(State) Maryland
24 FUNERAL DIRECTOR	SSIGNATUREY, INC.	ADDRESS SILVER SPRI	·	REC'D BY REGIST	0	STRAR'S SIGNAT	

rs ofter death. Page 4 may be sined by the haspitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill—by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the Stale Board of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death. LOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2 TO HOS VR A1S (4) 15M 9/59

* * . •

V	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	4743
)	4809 CERTIFICATE OF DEATH	st. No.
1	PLACE OF DEATH O COUNTY MO Y + Q O YN C Y . MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence on STATE b. COUNTY // O CO	Vtgomery
-	RURAL and give nearest town) Bethes dA d. NAME OF HOSPITAL (If not in hospital, give street address) (d. STREET ADDRESS)	e. IS RESIDENCE
	ORINSTITUTION Suburban Hospital 8716 HARTSdALE AV	ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Infant Bay Frence DEATH 4. DATE Month H	19 1960
	WIDOWED DIVORCED 7/70/00 yrs.	Days Hours Min
10	2. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 11. DIRTHPLACE (Stote or foreign country)	ZEN OF WHAT COUNTRY?
13	Sewell R PRINCE F. RUBY LYNCH	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 10 11 11 11 11 11 11 11 11 11 11 11 11	
	PART I DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO	INTERVAL BETWEEN ONSET AND DEATH
CEPTIFICATION	Lying couse lost. (c)	1(0) 19. WAS AUTOPSY PERFORMED? YES NO LET
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CON	County) (Stote)
MEDICAL	Hour o. m. p. m. 19 of work o	county) (State)
	21. I certify that I attended the deceased from 4/15/60, 19, to 4/160, 19, that I la alive an 4/18/60, 19, and that death accurred at 6. M, from the causes and an the ADDRESS (Street, city or town, state)	st saw the deceased date stated above DATE SIGNED
	PHYSICIAN'S TIPE OF TO DEPOSIT AND STATE OF THE SIGNATURE	4/19/6
27	PHYSICIAN'S Vincent L. O'Donnell 8218 Wisc. Ave. Betheso Bullal, CREMATION, 27b. DATE THEREOF CEMENT ON 4/19/60 Cedar Hill Crematory Suitland, Mary	(State)
	OISHGELOR 9/17/00 OEGHI DILL OFEHHOUV MULLING, MATV	Lallu



ofter death Page

that the death certificate be executed within

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4-11.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased I vad, If Institution: Residence before admission) e. COUNTY **b.** COUNTY e. STATE MARYLAND b. CITY OR TOWN (if outside corporate I m c. LENGTH OF STAY IN 16 outside corporeta limits, write RURAL and give negrest town) write RURAL and grya nearest lown) Boar d. NAME OF HOSPIT t OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO DECEASED DEATH (Type or print) 6. COLOR OR JACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR 5. SEX 8. DATE OF BIRTH 9. AGE (In you IF UNDER 24 HRS lest birthan) Months | Days WIDOWED [10b. KIND OF BUSINESS OR INDUSTRY | 11. 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S 14. MOTHER'S MAIDEN NAME DEVER IN U.S. ARMED FORCES? I Id. SOCIAL SECURITY NO. 17. INFORMAN permit. Yes, no, or unkdivn) ! [[fives give wer ar detectorservice] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.3) 19. WAS AUTOPSY PERFORMED? CERTIFIC 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED; 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer (Steto) Not While fectory, street, office bldg., atc.) While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry V and in my opinion Undetermined manner Suicide Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER should | Address (Street, city, town, or county) 220. BURIAL CREMATION 22d. LOCATION (City, town, or country) (State) 22b. DATE THEREOF REMOVAL (Specify) WASHINGTON <u>0</u>40 FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Milar S. Thank 5M 7/59 DATE



VR A15 (4) 15M 9/59

after death.



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4810 CERTIFICATE OF DEATH

Reg. Dist. No.

									Keg. Di	17. 140.		
. PLACE OF DEATH o_COUNTY				- 11	O. STATE	DENCE (Whe	re deceosed i	ived. If institu		ce before	odmission)	
Montgomer			MARY	LAND	Vir	ginia		0. 00011	Arlin	gton.	•	
b CITY OR TOWN (H	outside corporate limit grest town 12 7 Dict I	s., write c. LE	NGTH OF STAY	IN 1b	c. CITY OR T	TOWN (If ou	tside corpora	te limits, write	RURAL and g	give neore:	st fown]	
SOIS NEGL			Mo.	- 1	Arlin	eton.	Virgin	nia.				4
	AL (If not in hospital, gi	ve street addres	5)		d. STREET A	DDRESSU]	5 N.	Edison	ot.	e.	IS RESIDEN	CE
	nder Sanits	rium.			German						ON A FARM	
NAME OF DECEASED	Firs	it .	Middle		Los	t	4. DATE OF	M	onth	Day	Year	
(Type or print)	Ruth	T	itzhugh	1	Robbins		DEATH	April	. 28	th.	19 €	0
. SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 3.	DATE OF BIRTI	Н	9	AGE (In year		I YEAR IF	UNDER 24	HRS
Temale .	White.	WIDOWED [DIVORCE		Feb.I5t	h.1887	7.	73 yr		12	fours M	т.
00 USUAL OCCUPATIO		lone 10b. KIND	OF BUSINESS O					ntry)		IZEN OF	WHAT COU	NTRY
All many	ing life, even if retired)								п	S.A.		
CLOTE.		GOY	be.	1	14 MOTHER'S		n D.C.		Ua	On Ale		
James S.	Fitzhu <i>e</i> h.	(Dec.)			a Pa		Dec.)				
S. WAS DECEASED EVER	IN U. S. ARMED FOR	ES? 16. SOCIA	L SECURITY NO.	17. INF	ORMANT			Ac	dress			-
No. No. D	one o	1	nown	M	rs John	r.Bu	ms. i	3015 N.	Edisor	St,	Arl. Ve	l.
	TH [Enter only one con	use per line for	(a), (b), and (c)	1	1		4	1		INTERV	AL BETWEE	N
PART I. DEAT	TH WAS CAUSED BY.	Siter	insch	urtir	JUNI	MICHA	cular	Ause	2102	1/0	AND DEA	IH A
11	DUE TO	7		1	4	J. (J. V. 2	1			1/	1.	-
Conditions if or	Conditions, if ony, which) as I cute 3 perutis peret - 5 deer,									77		
gove rise to in				, , ,	00-0	1	-		···	-	1	_
lying couse lost.	ne under-		1			* /					1	
	ER SIGNIFICANT CONU		INITING TO DE	THE BUT N	OT PELATED TO	THETEDIAIN	IAI DISEASE	COMPITION C	WENT INT DAD	7 1/21 10	WAS AUTO	PCV
PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ek sionneant com	SUIONS CONTR	IBOTINO TO DE	NIII DOI IN	or keekieb ic	THETERMIN	WE DISEASE	CONDITION C	THEN UN FAR		PERFORMED ES NO)?
200. ACCIDENT WA	S UNDERLYING	20b. DESCRIBE	HOW INJURY OF	CCURRED.	(Enter noture o	f injury in Po	ort I or Port I	l of item 18.)				
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)											
		r 20d. INJURY	OCCURRED	20e. PLAC	E OF INJURY (Hame, form	20f. (Cily o	r town)	16	ounty)	15	tote)
Hour e m.	19	While I	Not white	focto	ry, street, office	bldg , etc)			10	200111	()	21.03
p. m.	17	of work 🔲 o	ot work			- 77	17 45		-1			
21. I certify the	at Lattended the	deceased fr	om July	:/.Q,	, 19.5	7, to U/-	11 h	19.0	<u>√</u> ,that []	last saw	the deci	ease
alive on	121	., 19(<u>.</u>)	, and that	death o	ccurred at	/	M, fram	the causes	and an tl	he date	stated a	bayı
1	(./	1/			12	A	DDRESS (Stre	et, city or low	rt stote)		DATE S	GNE
SIGNATURE	y our	· Fren	N	M.	0 100	ma	2000	Ma	(4/1	81
								7				77-
PHYSICIAN'S NAME (Type) J SI	mes P.Kerr.				Dan	lascus	Mary	land.				
20. BURIAL, CREMATIO		F 22c.	NAME OF CEME	TERY OR				ON (City, town	, or county)		(Stote)	7
REMOVAL (Specify)	4/30/60.		lumbia					ngton,		nia.	, ,	
BITTAL 3. FUNERAL DIRECTOR'S			ADDRESS L	1/1151	780		BY REGISTR		GISTRAR'S SIG			
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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4750
A 9 &			MEDICAL EXAMINER'S CERTIFICATE OF DEATH
d b			47116 Reg. Dist. No.
should the standing cremation	141	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Regidence before admission) o. SYATE b. COUNTY b. COUNTY D. S. COUNTY O. SYATE
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urio			CITY OR TOWN (If outside corporate limits, write RURAL and give nearest leven)
r. P.			Takoma (ar 10 Trock ville)
s nacto	71.	ľ	I. NAME OF HOSPITAL OR INSTITUTION (If no irrhaspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARMS
P F F	ĺ	-	Washington Danitarium 13222 Turkey Br. Parkitien NOA
istro			NAME OF First Middle Lost 4. DATE OF Day Coar
E Y Y		5. 9	Type or print) Liau id (Teraid Nubin DEATH . 4-21 1960 EX 6. COLOR OR RACE 17. MARRIED FT 18. DATE OF BIRTH 9 AGE (In year 1) IF UNDER 14 ARS.
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the second		100	WILLOWED DIVOKED 7-23-3 / 3 yrs.
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5 - 8 -/		10.	DIL
5 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	T)	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
2 2 2 2	11		no, or stateours (if yes, give was or dates of service)
<u> </u>			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
2 % E			PART I, DEATH WAS CAUSED BY: & &
form it p			019 IMMEDIATE CAUSE (0) Dhork And he remarkage, winay blackdon
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			gave rise to immediate cause
olo bur			(a), storing the underlying DUE TO Alderation of for contact Ilore
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a sic Time Time Time		CER	20g. EXTERNAL CAUSE WAS PRIMARY DI Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) Structs by Truck while backing out 1 Diversity
E WOR	10	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 10f. (City or tary)) (County) (State)
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N S S S S S S S S S S S S S S S S S S S	12		21. 1 certify that I taak charge of the remains described above, held an Autapsy R. Inspection . Inquiry . and find that
X in the second			death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
4 6 5 B			
in the second	_		SIGNATURE FORM O. Broschort M.D. CHIEF MEDICAL EXAMINER [
S. E. C.	2.		ASSISTANT MEDICAL EXAMINER
orwarded FUNERAL	Alexan a		EXAMINER'S NAME (Type) FLANK J. BANSCHRAFT DEPUTY MEDICAL EXAMINER B
5 2 5 a		220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (CIV. lown, or county) (Stotal
5 . 5 .			BURIAL 4-22-60 MT-LEBANON CEMETERY HYATTS VILLE MD
VS. A15ME(5)		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/55		B	DANZANSRY + SONS - 3501-145 St NW DATE APR 25'60 arthur 8. Kines
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	MARYLAND STATE DEPARTMENT OF HEALTH	
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
FOR STATE,	Item 6 FilmG261 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1751
HEALTH DEPTS	4812 2. USUAL RESIDENCE (Where decessed Lived, if institutions Residence	ce before adm ssion)
>8 .≠ M	e. COUNTY b. COUNTY	
necessary ector, Pag our files.	Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give	
our f	b. CITY OR TOWN (if outside corporate limits, write RURAL and give write RURAL and give neares) town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give	nearest town)
v = >-D	BethesdaBethesda	_
at di for for Boar	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	e, IS RESIDENCE ON A FARM?
dela funera ined sth.	6204 Kennedy Br. 6204 Kennedy Brive	YES NO
	3. NAME OF First Middle Last 4. DATE Month Day DECEASED OF	Year
the rate of the ra	(Type or print)	19 60
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ay id	Months Deys	Hours Min.
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1,2 an 2,2	done during most of working I fe, even if retired)	
Pes 1 Pe	Domestic N.C. US	
M.3. Pag Pag With	13. FATHER'S NAME	
E = = = = /	John Davis Julia Kirk	
in the contract of the contrac	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((fryesgive werordates of service)	
then 18, with forwith forwith forwith forwith forwith forwith for the foreign		
# 3 M 2 M 2 M		TERVAL BETWEEN
e executor in la	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Mycordial Infarct	AIAJU UNA 136
one of one of the one of the o	LI LI 3 J DUE TO	MEG GONG-
in pe Office Office burial	Commons Facilitates	TTOOL
O TO	gave rise to immediate cause	
ling er's er's	(e), stelling the underlying DUETO	
min ed	cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).	a Gua umasad
Exa su us		PERFORMED?
his c Word d be	Freviously treated at a Wash. Clinic for myocordial infarct	YES 🔲 NO 🛃
# * # # # # # # # # # # # # # # # # # #	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Port II of item 18] PRIMARY or CONTRIBUTING	
THE STATE OF THE S	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County)	(Stete)
EXAMINER ate, writing the Chief MR: Page 3 shrior to burial	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) While Not While of work at work	
Prior prior		in my opinion
riffical rif	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
DICA acertification and and added RECT agent,	CHIEF MEDICAL EXAMINER	
		ATE SIGNED
To to to at the man	M.D. ASSISTANT MAD.	
execute the vide be forward be forward be forward designated	DEPUTY MEDICAL EXAMINER Apr. 17,	1960
Enough Property of the control of th	NAME (Type) Fronk J. Broschart Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(Sheda)
D. D. Should Prune	22c. NAME OF CEMETERY OF CREMATORY REPORT 18 18 60 22c. NAME OF CEMETERY OF CREMATORY Carver Memorial, 22d. Location (City, town, or country) Muirkirk, Md.	(State)
0 g 4 0 p		
VS. A15ME	23. FUNERAL DIRECTOR 246. REGISTRAR 246. REGISTRAR'S SIGNAT ROOKVILLE Md. 2960 Cultury S. Krow	
5M 7/59	Cobert L. Survider Rookville, Md. DATAPR 19'60 Contluy S. How	A
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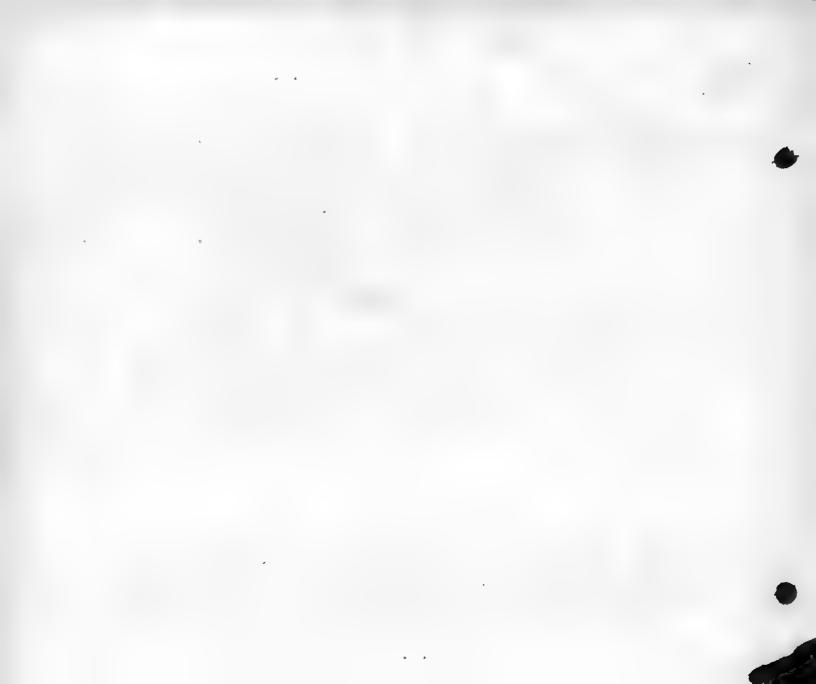
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I director. Page or your files. a. COUNTY a. STATE **b.** COUNTY Montgomery MARYLAND Morte and Morte Corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (il outsida corporata limits, write RURAL and give nearest town) Boyds Boyds d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? No Street address No Street address YES NO 3 NAME OF Midda DECEASED (Type or print) DEATH April 26, 1960 Ilová Edward Sanbower may be 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR F UNDER 24 HRS Jast birthday) 2, and 5 may Months Days DIVORCED | Sept. 19,1920 WIDOWED | male thin 24 hours after. Give Pages 1, 2, over PM3. Page 5 File pages 1 and vent with 72 kg. 1 106. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 10a. USJ & OCCUPATION (G v kind of work 12. C TIZEN OF WHAT COUNTRY? Signal Matritain(errod) O Railroad USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mentde J. Sanbewer Grace Shry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT hould be executed within in pencil in Item 18. C. Office along with form burial-transit permit, Fishmoval, and in any ever Address (Yes, no, or unkown) [(If yes give war or dates of service) Mentie J. Sanbower (father) Item 2 218-12-7654 Yes 218-12-7654

1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) CONTUSTONS AND LACERATIONS OF BRAIN STEM SUDDAN DUE TO (b) ATTOMORTIE ACCTORNT gave risa to immadiata causa DUE TO (a), stating the undarlying **Examiner** PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/8, 1/9, WAS AUTORSY CERTIFICATION PERFORMED? NO pluods 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Pert II of Itam IB) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF BEATH. Page 3 short to buriet, aase execute the certificate, writing the should be forwarded to the Chief MarUNERAL DIRECTOR: Page 3 should be the control of PASSANGER IN TRUCK WHICH WAS STRUCK BY CAR 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Not While fectory, street, office bldg., atc.) While 4/26/60 19 al work al work highway Boyds Monte. Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Suicide Natural causes Accident -Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Y NAME (Type) Frank J. Breschart Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) Burial (Spacify) Arlington Nat'l Cem. Arlington, Virginia Z40 g 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Bethesda, Md. VS. A15ME ROBERT arthur S. Krund 5M 7/59 DATE ADR 2 8 '60



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low requires that the death certificate



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence, before admission) a. COUNTY COUNTY MARYLAND Pennsylvania Montgomery b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN Th c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 10 days Beaverdale Dethesda d. NAME OF HOSP TAL (If not in hospital, give street address) d. STREET ADDRESS e 15 RESIDENCE ON A FARM? OR INSTITUTION Box # 528 YES | NO IX The Clinical Center. Bethesda lu. Md. NAME OF First Middle Last 4. DATE Month Year Day DECEASED April 1960 (None DEATH (Type or print) Joseph Sasek 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Doys Hours July 14. 1917 White WIDOWED [DIVORCED [Male 10o. USCAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Pennsylvania U. S. A. Mining Coal Miner 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matthew Sasek Dora Berich WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT The Medical Record Address 210**-03-**2952 The Clinical Center, Bethesda 14. Maryland no CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] Mitral commissurotomy for INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Operative Death: mitral stenosis immediate DUE TO Mitral insufficiency and mitral stenosis years Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the under-Tnactive rheumatic heart disease vears lying cause lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES DO NO F 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) MEDICAL 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bidg. etc.) Hour e.m. Whi.e Not while at work at work p. m. 1960 1960 that I last sow the deceased April 13 21. I certify that I attended the deceased from April and that death occurred at 14:30PM, from the causes and on the date stated above 60 alive on ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL The Clinical Center SIGNATURE National Institutes of Health PHYSICIAN'S Robert D. Bloodwell, M.D. Bethesda 14. Maryland NAME (Type 226 DATE THEREOF 22d LOCATION (City Town, or county) 220 BURKA CORPORTION 22c NAME OF CEMETERY OR CREMATORY Removal (*****fy) South Fork. Penna 23 FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE H. Hines Co. 2901-14th St NW. D. C.

410%

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) District of Columbia COUNTY MARYLAND Montgomery c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (f putside corporale limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest lown) (Rural D.O.A. Washington d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? 65 M Street, N.W. YES NO NO U. S. Naval Hospital 4, DATE Middle Month Day Year OF April DEATH 1960 Denise SAUNDERS 26 Karen IF JNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED K last birthday) Months Days Hours WIDOWED [7] DIVORCED 12-17-59 Negro 10a. USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland 14. MOTHER'S MAIDEN NAME Althea Laverne LANCASTER Raymond B. SAUNDERS IS, WAS DECEASED EVER IN J. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates al service) Hospital Records None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Viremia, type undetermined MMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (o), stating the under-PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES INO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20e PLACE OF INJURY (Home, form, 20f (City or town) (State) 20d. INJURY OCCURRED factory, street, office bldg, etc.) While Not while of work of work DOA DOA 21 I certify that (!) (this hospital) attended the deceased fram. and that death accurred at $\frac{5P}{M}$, from the causes and an the date stated above 19 saw the deceased alive an 4-27-60 GNED ATTENDING T MED DIRECTOR MO 22d ADDRESS

IF EITHER, NOTIFY MEDICAL EXAMINERS 20c TIME OF INJURY Month, Day, Year Hour a.m.

20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH

p. m.

22c PHYS CIAN'S NAME (Type)

23a BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) Burial

23c NAME OF CEMETERY OR CREMATORY 1960 Arlington National **ADDRESS**

Arlington 250 REC'D BY REG STRAR APR 2 9 '60

U.S. Naval Hospital, Bethesda, Md. 23d LOCATION (City, town, or county) (State) Virginia

256 REGISTRAR'S SIGNATURE

Home, 1432 U St., NW, WashDC

VR A15 (4) 15M 9/59

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death

24, FUNERAL DIRECTOR'S SIGNATURE

PLACE OF DEATH

Bethesda

COUNTY

NAME OF

Female

5 SEX

(Type or print)

None

lying couse ast

220 SIGNATUR

13 FATHER'S NAME

No

H. L. WALTON, LT. MC, USN

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Rea. Dist. No.

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) B. COUNTY b. COUNTY MARYLAND Montgomery Montgomery Marvland b. CITY OR TOWN (If putside carporate limits, write c. LENGTH OF STAY IN 36 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give negrest town) Olnev 22 Davs Dama.scu.a d. NAME OF HOSPITAL (If not in hospital, give street address) #d. STREET ADDRESS n. IS RESIDENCE OR INSTITUTION ON A FARM? YES INO IN Montgomery Co. Gen. Hospital 25300 Oak Drive 4. DATE NAME OF Month DEATH Katherine H-(Type or print) Schmidt April 19 60 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Female White WIDOWED KI DIVORCED T Dec. 10a. JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Own Home TISA New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Heuman Mary Henzie WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO INFORMANT Address No None Robert J. Schmidt Damascus Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cerebral Wascular Accident, Hemiplegia davs IMMEDIATE CAUSE (a) DUE TO Arterio clerosis generalized 2? Conditions, if any, which gave rise to immediate DUE TO couse (o), sloting the underlying couse last. IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? Arteriosclerotic ulcers feet with gangrene; arthritis; YES NO ET 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg , etc.) Hour o. m. While Not while at wark of wark p. m. 4/9/60, 19__,that I last saw the deceased 21. I certify that I attended the deceased from 9 19_____, and that death accurred a 2:20 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Main S, reet PHYSICIAN'S Gilc n F. Meadors, M.D. Damascus, Maryland NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Town, or county) Damascus Methodist Damascus 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 23. FUMERAL/DIRECTOR'S SIGNATURE Damascus. Md. Orthur S. Thousa

il director, filed with, ofter death. Page the funeral c puo .5 filled Poges completely physician hours remove attending (Then pleose After this certificate has been signed detached far DIRECTOR: poge 3 should TO FUNERAL VS A15 (4) 15M 9/5B

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Division of STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF I. PLACE OF DEA 2. USUAL RESIDENCE (Where deceased fixed, if institution, Residence before admission) e. COUNTY **b.** COUNTY necessary, ector, Page of Health. director, Page or your files. MARYLAND b. CITY OR TOWN (if outside corporate life is, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL end give neerest town) Board NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE وَ ON A FARM? YES NO X NAME OF DECEASED DEATH (Type or print) (S. SEX B. DATE OF BIRTH 9. AGE (In your IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lest birthday Months WIDOWED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) PM3 13. I Ainth a plante 14. MOTHER'S MAIDEN NAME Unobtainable File EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addre permit. (Yes, no, or unknym) (If yes give wer or detes of service) along with fransit permit no ense 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) IMMEDIATE CAUSE (a) Office DUE TO Conditions, II eny, which geve rise to immediate cause DUE TO (e), stelling the underlying cause last. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLITICAL WAS AUTOPSY CERTIFICATION PERFORMED? NO. 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II or Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. REDICAL 20d. NJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, , 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) lectory, street, office bldg., etc.) Not While 1960 et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection 1 Natural causes X. Accident Suicide Undetermined manner death resulted from: Homicide DIREC CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EKAMINER'S should NAME (Type) NOSCHALT Address (Street, city, town, or county) ease 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 22e. BURIAL, CREMATION, 22b. REMOVAL (Specify) Zion Evangelical St. Louis, Missouri 240 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A1SME The S.H. Hines Co. DATE APR 21 '60 5M 7/59 arthur & Hans

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J.	4672 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	ii. 6259
()	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Resid	
	O. COUNTY MARYLAND O. STATE Mach land b. COUNTY MARYLAND	1
	b CITY OR TOWN (If controls a min write RURAL C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If control corporate limits, write RURAL on	+ of transferring to
	Silver Spring	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) /d. STREET ADDRESS	. IS RESIDENCE
X	9305 Worth Avenue 9305 Worth Avenue	YES NO T
	3. NAME OF DECEASED AND First Middle SEILIN Lost 4. DATE Month	Day Year
	(Type or print) Maurice David XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	15 1960
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE 11 years IF UNDER	
	Male WIDOWED DIVORCED 2-28-86 74m Months	Days Hours Min.
	during most of working life, even if relired)	ZEN OF WHAT COUNTRY
	Intelliaince Officer U.S. Govt. Siberia	a.s.
	13. FATHER'S NAME	
	David BEXXXXXX SEILIN Fannie Gotlieb	
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Washington Scientific with	+ Haspital
	Homer hone Historial chart from recent la	ero talizates
	18. CAUSE OF DEATH [Enter only one couse per time for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: JAMEDIATE CAUSE (6) LETTER BY:	institut
	DUE TO	
	Conditions, if ony, which) (b)	
	gove rise to immediate cause DUETO	
	couse last.	
A	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T 1(a) 19 WAS AUTOPSY PERFORMED?
	3 History of drivious Cormany disease	YES NO
	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING P CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Port II af item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) While Not while of work of w	unty) (State)
)		y 📐 and find that
	death resulted fram: Natural causes 🔀, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined cause 🔲	
	ACTUAL I A B C C C C C C C C C C C C C C C C C C	DATE SIGNED
	SIGNATURE M.D. CHIEF MEDICAL EARMINER L	
	EXAMINER'S NAME (Type) FANK J. BLOSCHZMY DEPUTY MEDICAL EXAMINER D	20-60
		(State)
	EMPIAL CEMETERY ARLINGTON, VI BURIAL CEMETERY ARLINGTON, VI ARLINGTON, VI	RGINIA
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS SILVER SPRING, MD. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIC	14
	Thyrical de giesta. SILVER SPRING, MD. DATEAPR 25'60 and 8.	/ MANA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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L	1/203 CERTIFICATE OF DEATH
	1. PLACE OF DEATH o. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTY MARYLAND MARYLAND MONTO
ľ	b CITY OR 30WN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) BJRAL and give nearest town)
ŀ	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS on is residence on a farm?
l	Dishier ton Dan & Host. 2716 Colorille Billeville Ad. YES NOW
	3. NAME OF U DECEASED (Type or print) First Middle Shie. 75 Whith Day Year OF DEATH Month Day Year OF DEATH Month 1960
	S SEX 16. COLOR OR RACE 7 MARRIED NEVER MARRIED S DATE OF BIRTH 19 AGE (In years lost birthday) 10 Months Days Hours Min 10 Months Days Hours Min
1	100 USJAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) Althory most of working life, even if retired) Althory maph Co. FA American
1	John Valko Catherine Formadio.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (I'as no. or unknown) (I't yes give wor or dates of service) NO INDEPLOYED Address Address Address
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to Immediate cause (b) Lying cause lost INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETW
	PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO STORY OF CONTRIBUTING CAUSE OF DEATH II OF CHEM 18.) 200. ACCIDENT WAS UNDERLYING OF DEATH II OF CHEM 18.)
	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur o m While Nat while ot wark of wa
	21 I certify that (1) (this hospital) oftended the deceased from December 1959, to April 14 , 1960, that (1) (we) lost sow the deceased alive on Afril 14 1960, and that death occurred at PM, from the causes and on the date stated above
	220 SIGNATURE Servet a. Vortey M.D. ATTENDING MED DIRECTOR STAFF SIGNED SIGNED ATTENDING MED DIRECTOR STAFF April 15/196.
	22c PHYSICIAN'S NAME (Type) Bennet A. Porter Jr. 2301 Colesville Rd. Silver Spring, Md.
	230. BURIAL, CREMATON, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT.ON (City, town, or county) (State) REMOVAL (Specify) BIRTAL APRIL 18 1960 ST. MARK'S CHURCH CENTERSY DATPLAND, MARKY, ND
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 750 REC'D BY REGISTRAR'S SIGNATURE ADDRESS ADDRES

may be Sined by the haspital or oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please representations of pages 1 and 2 should be fired with the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/59

irs ofter death. Page 4

64767 **CERTIFICATE OF DEATH** Reg. Dist. No. filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE **b.** COUNTY ONTGOME MARYLAND eral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **BURAL** and give negrest town) S D14 V =10 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES | NO F NAME OF First Middle 4. DATE Month Year DECEASED OF DEATH (Type or print) 19600 5. SEX 6 COLOR O'R RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS rthday) Months Days Hours WIDOWED | DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if religed) THUAN DOLER 13. FATHER'S NAME 14 MOTHER SMAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NOA 17. INFORMANT please CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DA IMMEDIATE CAUSE (o) 10 **DUE TO** GEN. ARTERIOSCLEROSIS 1 Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (o), sloting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS PERFORMED? ARTERIOSCLEROTIE YES NO D 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a. m. While Not while of work 🔲 of work 🖊 🗍 p. m. APPLL YO, 19 20, that I last saw the deceased 21. I cortify that I attended the deceased from L and that death occurred at barren, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURI PHYSICIAN'S NAME (Type 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) EMOVAL (Specify) 28. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 160 Orthur S. Thrus DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

urs after death. Pagè 4

1 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2,

TO HOS

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	PLACE OF DEATH a. COUNTY MONT'GOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY						
	b, CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) SILVER SPRING	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF au	tside carporate limits, wr VER SPRING	ite RURAL and give no	earest tawn}			
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 1204 TARTEY ROA	ddress)	d STREET ADDRESS a IS RESIDENCE ON A FARM? YES NO						
	3 NAME OF First DECEASED (Type or print) IONE	TITTERRACK Widdle	SHODT?	OF	Manth D	Yeor 19 60			
	S SEX FINALE 6. COLOR OR RACE 7 MARRI WIDOWE	ED NEVER MARRIED DE DIVORCED DE DIVORCED	8 DATE OF BIRTH 10/1/75	9 AGE (In your lost birthdo		R IF UNDER 24 HRS. Hours Min.			
	10a USUA. OCCUPATION (Give kind of work done 10b during most of working life, even if refired) HOMOMAKER	VIND OF BUSINESS OR INDUS	T NOT ANA	r foreign country)	U.S.	F WHAT COUNTRY?			
The contract of the contract o	13. FATHER'S NAME RI CHARD UTTER BACK		14. MOTHER'S MAIDEN NA ANNA NELSO						
I	No. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Nes. no. or unknown) (If yes, give war or dates of service)		. Joseph E. Bl		Address Tay 1 277 7	₹₫.			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d IN Hour a.m. p m 19 While at work 21 certify that () {this hospital} attended	RIBE HOW INJURY OCCURRED JURY OCCURRED Not while of work at work 20e. PL for for and the deceased fram	ACE OF INJURY (Home, form, tary, street, affice bldg., etc.) 200 (Enter noture of injury in Park ACE OF INJURY (Home, form, tary, street, affice bldg., etc.)	20f. (City or town) 4, to CAPV 4, from the causes	(County	YES NO 4			
	NAME (Type) THOMAS J. KULLY 23d. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) TRANS. & BURIAL 4/20/60 24 FUNERAL DIRECTOR'S SIGNATURE	23c. NAME OF CEMETERY OF GRACELAND CEMESS SILVER SPRING	ETERY 250. REC'D						



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after deoth.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1.4765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4818 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) 120 e. COUNTY o. STATE **b.** COUNTY MARYLAND Montgomery Marvland Monte. b. CITY OR TOWN Itt outside corporate simils, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and aive negrest town) Bethesda Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Hospital YES NO J Suburban .708 Bradlev Blvd NAME OF 4. DATE Middle Last Month Year DECEASED DEATH (Type or print) April 9. 1960 19 Howard Elmer Skipper 5 SEX 6. COLOR OR RACE 7. MARRIED [X] NEVER MARRIED [-] 8. DATE OF BIRTH 9 AGE (In veges IF UNDER TYEAR IF UNDER 24 HRS. Months Hours WIDOWED | DIVORCED [67 yrs. mala 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Gov. Maryland USA Instrument maker 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie (Unknown) Howard E. Skipper 15. WAS DECEASED EVER IN U. S. ARMED FORCESP. 16. SOCIAL SECURITY NO. 17. INFORMANT 5616 Wotten Ave. Yes None Howard L. Skopper Chevy Chase, Md - son 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion sudden IMMEDIATE CAUSE (o) DUE TO Conditions, If any, which Hypertention vears gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3101 19. WAS ALTOPS CERTIFICATION PERFORMED? C.V. Pabout four years ago. NO T 20g. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) MED Not while a. m. at work at work p. m. Inspection X, Inquiry X, and find that 21. I certify that I took charge of the remains described above, held an Autopsy ... death resulted fram: Natural causes x, Accident , Suicide , Hamicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER | FUNERAL EEAAHOM N'S DEPUTY MEDICAL EXAMINER Frank J. Broschart NAME (Type) 220. BURIAL, CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 Parklawn Cemetery Rockville, Maryland Buria 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Pumphrey Bethesda, Maryland VS. A15ME(5) DATE APR 1 2 '60

5M 9/55

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE TH JAPPI 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidence before edmission) y is necessary, I director. Page or your files, oard of Dealthy a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and g. d. NAME OF HOSPITAL OR INSTITUTION (.) no in hospital, give street address) IS RESIDENCE ON A FARM? YES NO 3. NAME OF DATE DECEASED OF (Type or print) 9. AGE (In y IF UNDER 1 YEAR | IF UNDER 24 HRS. last birth dy) Months WIDOWED [11. BIRTHPLACE (Slata or fore gn country) 10b. KIND OF BUSINESS OR NDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME -fransit permit, File I 16. SOCIAL SECURITY NO. Addres [Yel, no, or unkown] [(If yet give wer or deles of service) 18. CAUSE OF DEATH lenter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN G ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** (b) gave rise to immediate cause DUE TO (a), stating the undarlying cause last. PART J. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I'S 19, WAS AUTOPSY pino 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part | or Pert || of Item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH ease execute the certificate, writing 2Dd, INJURY OCCURRED, 20s. PLACE Of INJURY (Home, form, ; 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer (Stele) factory, street, office bldg., atc.) While Not While at work et work should be forwarded to the FUNERAL DIRECTOR: P. PCIO 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 🔀 Inquiry 14. and in my opinion agent, Undetermined manner death resulted from: Natural causes V. Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) 22c. NAME OF CEMETER 22d. LOCATION (City, lown, or country) (State) REMOVAL (Spac fy) ₹40 248. REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE **VS. A15ME** 5M 7/59

ARYLAND STATE DEPARTMENT OF HEALTH

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1	<i>b</i>		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
7 05	4		4819 CERTIFICATE OF DEATH	g. Dist. No.
I director, filed with	M)	1 F	PLACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE [Where deceased lived. If institution: R b. COUNTY MARYLAND	Montal 1
be a		Ł	C. CITY OR TOWN (If outside corporate limits, write RURAL and two nearest found) RURAL and two nearest found) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL AND CONTROL OF STAY IN 1b RURAL and two nearest found)	ond give nearest town)
rs after de by the fun d 2 shauld	X	· ·	d. NAME OF HOSPITAL (19 not in hospital, give street address) OR INSTITUTION Authoritation And Or INSTITUTION And And Or INSTITUTION And And Or INSTITUTION AND OR IN	e, IS RESIDENCE ON A FARM? YES NO [2]-
in 24 Filled in b		- 1	NAME OF DECEASED THOSE FIRST EXECUTION Middle Showden OF DEATH April.	Day Year - 18- 1960
는 아이 아이에 아이에		5. 5		INDER I YEAR IF UNDER 24 HRS. onths Doys Hours Min
executed and cample on papers.		100	USUAL OCCUPATION [Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foleign couply) during mgn of working life, even if retired) HOUSE - BUSINESS OR INDUSTRY 12. BIRTHPLACE (Stole or foleign couply)	2. CITIZEN OF WHAT COUNTRY
e Local	/_	13	FATHER'S NAME Edward Hamilton Hans Emma Bruce	
mertificate ng physicia remave cc		The state of the s	AS DECFASED EVER IN U. S. ARMED FORCES? 16. SOC AL SECURITY NO. 17, INFORMANT Address. 17 (It yes, give wor or dates of service)	shory, and
that the death me by the attending it. Then please re y event within 72			1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), one, (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) About frank Finding	INTERVAL BETWEEN
that the by the it. The			Southing the Due to Aprile Incharation	30 hours
requires the			gove rise to immediate codes (a), stating the under- lying couse lost.	
The law r ng physicio e IIII been buriol-trans	egodin _i	CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	N PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
AN: The	(20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.)	
l or altais certifuse as matian,		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m. p. m. 19 20d. INJURY OCCURRED While Not while of work o	(County) (State)
ENDING I he haspita iR: After that tached far burial, cre	1		21. I certify that I attended the deceased from April -17-, 1960, to April -16-, 1960, the	at I last saw the decease
by the			ACTUAL OF Mines & Millian & Millian To Brooks (Street, city or lown, stole	on the date stated above DATE SIGNE
RAL DIRECTOR Should be strar prior			PHYSICIAN'S With to i AM C. Minher Guithersburg, Mig	/
HOSP day be FUNE age 3		220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or con	
5 E 5 g =		23.	PUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 24b, REGISTRAR	MA R'S SIGNATURE
VS A15 (4) 15M 9/III	,	1	And the but heard had	r S Kans
1 9777 ((-		

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Burial 4/22/60

Mt Ziom Cem.

Barnesville, Md.

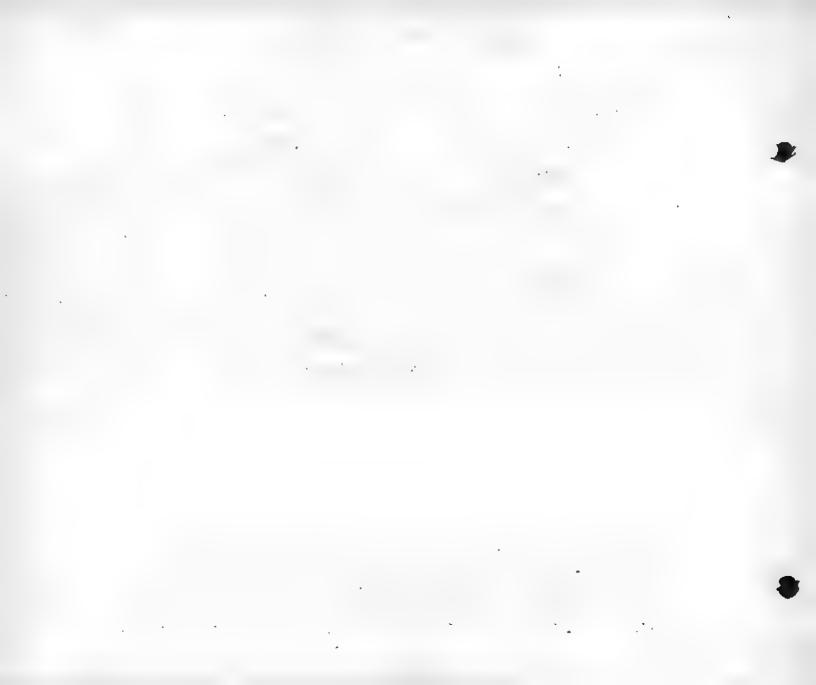
Rookville, Md.

CERTIFICATE OF DEATH 4820 Reg. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND Montgomery Maryland Montgomery erol b. CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda 2 days Gaithersburg d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d STREET ADDRESS OR INSTITUTION ON A FARM? 20 YES NO Rt. # Suburban .⊑ NAME OF DECEASED 4. DATE First Middle Lost Month Day Yeor filled OF DEATH (Type or print) Sadie 19 60 Snowden 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 9. AGE (In years campietely fast pirthday] Months 9/20/90 69 WIDOWED T DIVORCED | papers. Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup care carban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician haurs remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address attending p 2 ecise 2 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND, DEATH ā PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a He DUE TO Conditions, if any, which permit. gned gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. **burial-transit** Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a, 19. WAS AUTOPSY PERFORMED? гетама YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) After this certificate 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED (County) (Stale) factory, street, office bldg., etc.) Hour o. m. While Nat while at wark at wark p. m detached and that death accurred at_____M, from the causes and on the date stated above. alive an DIRECTOR: ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL pe OR ned SIGNATURE 3 should PHYSICIAN'S TO FUNERAL NAME (Type) 220 BURIAL CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) bage REMOVAL (Specify) Burtal Gaithershurg Emory Grove Cem 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** 724g REC'D BY REGISTRAR VS ATS (4) arthur & Heart 26 '60 **ISM 9/S8**

after death. Page

law requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



4676 CERTIFICATE OF DEATH Reg. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY.A MARYLAND CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b of autside carporate limits, wr'te RURAL and give nearest town), pe RURAL and give nearest taken should d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE YES NO NAME OF 4. DATE Middle Month (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED TO AGE In years lost birthday) Manths Days Hours WIDOWED [] DIVORCED | 10a. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS_OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if reticed)-13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO JINFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for [6], (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS) PERFORMED? YES NO I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter native of in vry in Part Yor Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (Caunty) factory, street, affice bldg . etc.) Hour a.m. While Not while at wark at wark p. m. 21. I certify that, Jattended the deceased from ___that I last saw the deceased alive an ADDRESS (Street, city or town, state) ACTUAL þ SIGNATURE <u>'E</u> shauld PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county) REMOVAL (Specify) Cemete 24b, REGISTRAR'S SIGNATURE **ADDRESS** arthur & Kinsa 15M 9/5B

Funeral

Filled

DIRECTOR:

4702 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Mary land ontown eru-Ginc. Co b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) P decra Takonov Park LaterAtts riller d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE 031-3672 YES NO Z 4. DATE OF DEATH NAME OF Middle Month Year DECEASED (Type or print) 19 60 5 SEX 6. COLOR OR RACE 7 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Days White WIDOWED DY DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) C1. S. A. Lustria 13. FATHER'S MAME CA. UnKnown 15. WAS DELEASED EYER IN U. S. ARMED FORCES? 16' SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO LERGTIC Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? TRACAPRULER YES NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II, of item 18, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not white of work | at work VATTSVILLE 21. I certify that I attended the deceased from that I last saw the deceased g and that death occurred at 3:45 alive an_ M, fram the causes and an the date stated above SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) ADDRESS FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 2 GILAUR NW Circles & Krans

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



N 1		te	ems 18820 Filmaryland state Departmen	NT OF HEALTH—BALTIMORE, 18 04777
FOR STATE				CERTIFICATE OF DEATH
HEALTH DEP	T.	1. 8	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
88 4	s /\	Í	a COUNTY MONTGOMERY MARYLAND	Virginia XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
F F F			b. CITY OR TOWN (1 outs de carparete limits, me te PLRA) C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If aulside corporate himts, write RURAL and give nearest fawn)
مور المرابع		E	Bethesda (Rural) 4 hours	Falls Church
direction or y		d	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS e 15 RE JOHNCE ON A FARM?
Bo G	-/	Ţ	U.S. Naval Hospital, Bethesda, Md.	2433 Holmes Run Drive
Stote		3.	NAME OF First Middle DECEASED	tost 4 DATE Month Doy Year
the re		((Type or print) Jan Frederick STC	OKES DEATH April 2 1960
H or I to by b		5. \$		fort birthday Aboutts Days Hours thin
12 % d 2 % d 3 % d				9-13-35 24 yrs. 17
deal deal		10a.	a. USUAL OCCUPATION (Give hind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	
B E	· /	-	J.S. Air Force U.S. Government	New York U.S.
MAG S	7		arl F. STOKES	14, MOTHER'S MAIDEN NAME
Ten Present		_	a management of the management of the second	Sylvia LRRSON FORMANT Address
A Signal		(Yes.	ts. no, or unknown) (If yes, give war or date; of pervice)	icial Hospital Records
E in			18. CAUSE OF DEATH [Enter only one cause per une for (o), (b), and (c)]	LINITERVAL DELWEEN
ong ond	~		ALOTA DEATH MAD GARRED BY	ONSET AND DEATH
o i i i			916.0 Due to	LIVIB
A STATE OF THE PARTY OF THE PAR			7 7 0 0	s (40 % of body) 6 wks
Per Signal			gove rise to immediate course	5 (10 /0 01 00 d.g./
ning o p			(c), stating the underlying course last	
Syang Cyang d os offo	2	₹ Q	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED?
fica pend collical rem	×.	2		YES 🔼 NO 🗌
E of Gird		CERTIFICATION	200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (EM Was lighting charc	ter noture of injury in Port For Fort Hor Hem 18; coal fire with gasoline (2008 exploded)
wor wor				- Name - Analysis - An
S S S S S S S S S S S S S S S S S S S		DICAL	20c, TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE Hour o.m. 20d INJURY OCCURRED 20e PLACE While Not while 3	E OF INJURY (Home, form, 20f, (City or town) (County) (Slate) y, street, office bldg., etc.)
ing the ge		MEDI		Falls Church Fairfax Va.
Po Po			21. I certify that I took charge of the remains described above	
Cox Gen			opin on death resulted from: Natural causes , Accident	, Suicide , Homicide , Undetermined manner
Files Files			ACTUAL A DO CO 1	CHIEF MEDICAL EXAMINER [7]
D P Cer			SIGNATURE Thank I Smithant	ASSISTANT MEDICAL EXAMINER [7]
RAI P	7		EXAMINER'S Frank J. Broschart	DEPUTY MEDICAL EXAMINER 🖾
Coste Coste DNG its d		220	D. BURIAL CREMATION. 1726 DATE THEREOF 1726 NAME OF CEMETERY OR C	
0 2 2 0 0		B	Burial 4-6-60 Arlington Nati	
F F		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE
VS A15ME 5M 2/37		W	W.W.Chambers 3072 M St.NW, Washington, D.C.	DATE APR 5 '60 arthur S. House



47	2.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
A	1	4677 CERTIFICATE OF DEATH Reg. Dist. No.
I director	一個	PLACE OF DEATH o. COUNTY Montgomery Maryland 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY, Frederick
r death: funeral vid be f		b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b Utica Thurmont rural
s ofte by the d 2 sho	X	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HOME OF SON 16 20 Color 15 P. Color 15
n 24 hr Filled r, jes 1 on		3. NAME OF DECEASED (Type or print) Effic Irane Stottlemyer Death April 21 1960
ed within 2 pletely fillins. Pages		5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years last cirthdoy) Months Days Hours Min.
execute nd com		10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) U.S.A. 12. CITIZEN OF WHAT COUNTRY? HOUSEWIfe Own Home Maryland U.S.A.
o un o		13. FATHER'S NAME
ficate ysici	2/	Richard Harper Phoebe Craver 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO.] 17. INFORMANT
certifice		No Pranklin Stottlemyer Silver Spring. Md
leath ce ending Mease re		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. ONSET AND DEATH ONSET AND DEATH
offe of	*	PART I. DEATH WAS CAUSED BY: ONGESTIVE heart failure ONSET AND DEATH
the The	E b b	The Due to Due to
ag ag ag	, and a second	Conditions, if ony, which gove rise to immediate (b) William Sclerolice bear disease and 10 yrs.
quire igne	=	cotse (a), stating the under- lying couse last.
w re-	5	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO/DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ohysion be be	,	5 Curicular Sheller YES NOTA
AN: The		20d. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC:	, de la companya de l	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR Hour e.m. 19 While Not while of work
Spite spite ler fl	5	21. I certify that I offended the deceased from June 1953, 16 pril 21, 1960, that I last sow the deceased
TENDIII the ho OR: Afi elached		olive on while 20, 1960, and that death occurred at Uils A. M., from the causes and on the date stated above. ADDRESS (Street, city or town, state)
od by IRECT		SIGNATURE Jamuel M Bageauf M.D. 4/21/60
RAL Di		PHYSICIAN'S SAMUEL M. BAGEANT WASHINGTON D.C.
moy be poge 3		220 BURIAL CREMATION, 276. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Utica Fred. Co. [Stole] Utica Fred. Co. [Stole] Utica Fred. Co. [Stole] Utica Fred. Co. [Stole] Co.
5 5 5	4	23 JUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D 8Y REGISTRAR 246, REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	61	Taymond & Treager Thurmont, Md. DATE APR 25'60 Cirling & Kinus
		'// 27



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4822 CERTIFICATE OF DEATH Rea. Dist. No. director 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY o. STATE b. COUNTY MARYLAND hington c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 RURAL and give nearest town) 11/14/11/11 d NAME OF HOSPITAL (If not in hospital, give street address d STREET ADDRESS IS RESIDENCE OR UNSTITUTION ON A FARM? YES NO Patro , = DATE Middle Year DECEASED DEATH (Type or print) ueene 19 IF UMDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years lost birthdoy) Months Days Hours WIDOWED A DIVORCED | yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) -rate ma 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME requires that the death certificate physici remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO INFORMANT Address (If yes, give wor or dates of service) 577-18-571 no attending please 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Then IMMEDIATE CAUSE (o) **DUE TO** á permit. Conditions, if any, which signed gave rise to immediate **DUE TO** couse (o), stoling the underlying couse lost **burial-transit** PAIN 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY remayal PERFORMED? YES NO NO 200 IVE. 200 ACC DENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while of work [of work p. m. DV 1 25, 1960 that I last saw the deceased 2). I certify that I attended the deceased from March 23 1960 to M and that death accurred at 7.30PM, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE 3 should O FUNERAL C PHYSICIAN'S Stuart L. Nelson NAME (Type) 270. BUR AL, CREMATION, 22b, DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY page REMOVAL (Specify) 760 Cedar Hill Cemetery Prince Georges Burial 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 27'60 VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1 PLACE OF DEATH o. COUNTY MONTONERY	MARYLAND	2. USUAL RESIDENCE (WE o STATE	nere deceased lived. If institution b. COUNTY	n Residence before admission)					
b CITY OR TOWN (If outside corporate I mits, wi	tyrs.	A 1	outside corporate limits, write RUTR STRING	IRAL and give nearest town)					
d NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION 11,010 COMP T	reet oddress)	d STREET ADDRESS	C ME IVNE	e is residence on a farm? Yes \(\text{NO} \(\text{NO} \)					
3 NAME OF First DECEASED (Type or print)	Middle TUOMAS	TAFF	4, DATE Mont OF DEATH APR	/					
יידי צבודנו לודבי יידי	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	took highland	Months Days Hours Man					
100 USUAL OCCUPATION (Give kind of work done during most of working ife, even if retired) Policaman (retired)	106 KIND OF BUSINESS OR INDU D.C. Police Dent			12 CITIZEN OF WHAT COUNTRY?					
13 FATHER'S NAME EDWARD TAFF		14. MOTHER'S MAIDEN I	GAINES						
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		o. Gladys H.	Taff, 11,010 Ca	= -					
Conditions, if ony, which gove rise to immediate cause (a), storing the under-lying cause lost. PART II OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU	F NOT RELATED TO THE TERM	inal disease condit on g v	EN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES TO NO TO					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Port I or Port II of item 18)	100 100					
Hour a.m.		ACE OF INJURY (Home, form ctory, street, office bldg., etc		(County) (State)					
saw the deceased alive on Wind	AD. PHYSICIAN'S AD. PHYSICIAN'S 22c. PHYSICIAN'S 22d. ADDRESS								
23a BURIAL CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY C		23d LOCATION (City, town, or Prince Gro.	county) (Store)					
24 FUNERAL DIRECTOR'S SIGNATURE	SILLY STORY	250 REC	DAY REGISTRAS 256 REGIS	TRARIS S. AN FORE A					

may be recreed by the hospita ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board at Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death.

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Fromhert

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

TO HOSPI

VR A15 (4) 15M 9/59

s ofter death. Page 4

Dr. Brasiliant notified and approved.

au Fmith M.D.

420.1

Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH MEDICAL EXAMINER'S HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution; Residence before edmission) is net.
director. Pa.
vour files. e. COUNTY . **b.** COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Is obtained corporate limits, write RURAL and give newest town) INSTITUTION (if not in hospital, give reet eddress) d. STREET ADDRESS n. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DECEASED (Type or print) 9. AGE Hy yours IF UNDER I YEAR IF UNDER 24 HRS. 5. 5EX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED B. DATE OF DIVORCED [USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dans during most of working life; even if retirad] FACHER S NAME 14. MOTHER'S MAIDEN NAME S DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 17. INFORMANT permit. or unkown) [(liyesgive were rdetes of service) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate ceusa DUE TO (a), stating the undarfying causa last. PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 39. WAS AUTOPSY CERTIFICATION PERFORMED? NO A 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, streat, office bldg., atc.) While Not White Hour *.m. at work et work and in my opinion F CTO death resulted from: Natural causes Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 3 DEPUTY MEDICAL EXAMINER should | NAME (Typa) Address (Street, city, Jown, or county) 228, BURIAL, CREMATION, 22b. 22d. LOCATION (City, lown, or country) (State) ₫40 VS. A15ME 5M 7/59

ND STATE DEPARTMENT OF HEALTH



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed I ved, if institution, Residence before admission) e. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside Ediporete I mits, c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edicless) a. IS RESIDENCE ON A FARM? YES NO Z 3. NAME OF DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birtledey) Months Days Hours Min. DATE OF BIRTH DIVORCED | 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dong during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.! 17. INFORMANT (Yes, ho, or unknwn) (If yes give wer or dates of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN PART ! DEATH WAS CAUSED BY: IMMEDIATE CALSE (e) DUF TO gave rise to immediate cause **DUE TO** (e), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY PERFORMED? cremat 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of noury in Pert I or Pert II of Item 18.) 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Year 2Dd, INJURY OCCURRED | 2Da, PLACE OF INJURY (Home, form, 2Df. (City or town) (County) fectory, street, office bldg., atc.) Not While While Hour a.m. al work et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection [7]. Inquiry X. and in my opinion please execute the certific thould be forwarded to FUNERAL DIRECTOR death resulted from. Natural causes 14. Accident Suicide Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slete) 240 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE arthur S. Thousa 5M 7/59



TO HOS

VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4824 CERTIFICATE OF DEATH

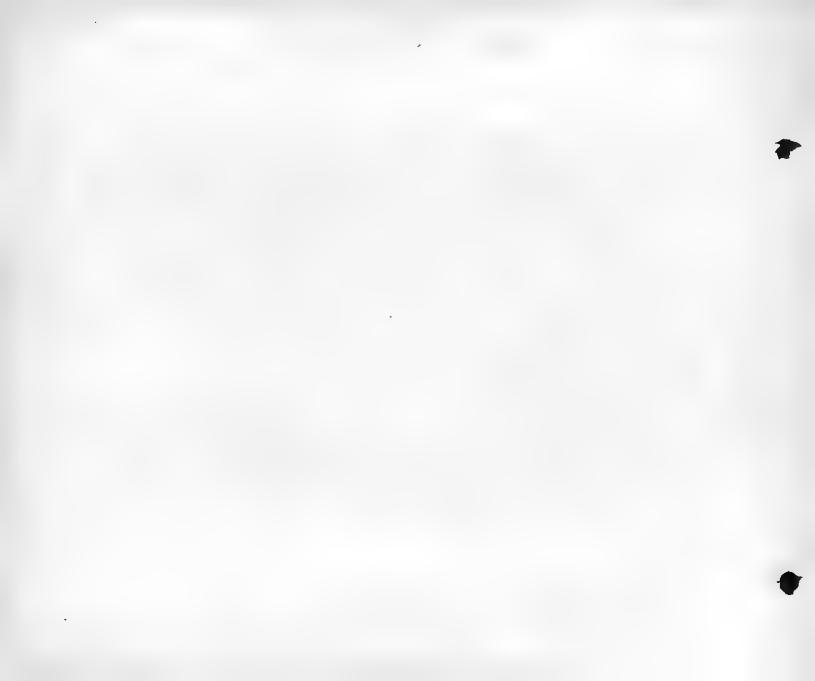
Reg. Dist. No.

	E OF DEATH		- 11	USUAL RESIDENCE (Where deceased lived If institut on Residence before admission) O. STATE D. COUNTY					ian)		
	Montg			MARYLAN		Maryland Montgomery					
	ITY OR TOWN (If JRAL and give nec	outs de corporate limit irest lawn)	ts, write	c LENGTH OF STAY IN 1	ь	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
		esville		life	_ >	Barnesvil	le.				
d. N	AME OF HOSPITA	L (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				e IS RES	IDENCE FARM?
0	K IIII										NO 🗗
3 NAM	AE OF	Fir	s†	Middle		' Last	4. DATE	Manth		Day	Yeor
DECE	e or print)	11	TIE			TIBBS	OF DEATH	APRI	<u></u>	/3	1960
S. SEX		6. COLOR OR RACE	7-, MARR	IED NEVER MARRIED	3 8 D	ATE OF BIRTH				FAR IF UNDE	
f	emale	colored	WIDOWE	DIVORCED	M	ay 9, 1899		60 yrs	Months Do	ys Hours	Min
10a. USI dur	UAL OCCUPATION	N (Give kind of work ong life, even if retired)	dane 10b.	KIND OF BUSINESS OR IN	DÚSTRY	11. BIRTHPLACE (State	or foreign countr	γì	12 CITIZEN	OF WHAT C	OUNTRY?
	Domes:	tic				Marylan	nd.		U.	S.A.	
13. FATH	HER'S NAME				14	. MOTHER'S MAIDEN N					
	Mo	ses Tibbs				Christ	ine Sim	ns			
US WAS				SOCIAL SECURITY NO.	INFO	RMANT	_	Addre			
JE TOS, NO.	er unknown) (II	yes, give war or dates of si	ervice]		Una	rles R. Til	bbs	Barne	sville	, Mil.	
18.	CAUSE OF DEAT	H [Enter anly one co	use per lin	ne far (a), (b), and (c) 1		4				INTERVAL BE	TWEEN
		H WAS CAUSED BY IMMEDIATE CAUSE (a)		A CO O THE O	L	+ 1	40			DISET AND	DEATH
	,		1 60	Mylaune >	MO	u qui				3-4	reep
	600.0	DUE TO	1.00	-			4	0		-	
	ondilions, if on		14-4	perlensin	<u> </u>	udu de	why	dures	10	3 10	مداهم
	ave rise to im use (a), stating t		ď	ń	ı					2	,
ly	ng couse lost.	(c)	1'-	yelone	-92	rulla				3 m	sero.
Z C	PART II. OTHE	R S GNIFICANT CON	DITIONS C	ON R BUT NG TO DEATH	BU][NO	RELATED TO THE TERM	INAL D SEASE CO	NDITION GIVE	N IN PART 1	19 WAS	ALTOPSY
FICATION		Den	he	tes 2	ve	llittes					NO X
	ACCIDENT WAS	JNDERLYING	20b DESC	CRIBE HOW INJURY OCCU	RRED (E	nter noture of injury in	Part Lar Part It o	if Item 18.)			
OR (IF	EITHER, NOTIFY A	MEDICAL EXAMINER)	-								
₹ 20c	TIME OF INJURY	Manth, Day, Yes	2r 20d. It	NJURY OCCURRED 20e.	PLACE	OF INJURY (Home, form	, 20f. (City or I	awn)	(Cau	nty)	(State)
WED	Hour a m	19	While of worl	Not white	factory	street, office bldg , etc)]				
				7 4 4	7	/1C+ . 1°	7 00 1)/^			
21.	I certify the	it I attended the	decease	10	3	_, 19 <u>48_,</u> to_[_					
ali	ve on 12		7.1	and that dec	ath oc	curred at /Oi永 外	M, from the	causes and	on the d		
	//	april	196,9	7			ADDRESS (Street,	city or tawn, s	tate)	DAT	E SIGNED
	SIGNATURE John Fourth M.O. Druguelle 13 april 60										
	1	7	5					Λ			
NA:	YSICIAN'S ME (Type)	TOHN G.	FA	WCETT MA	<u>b</u> .	P.O. V	sayd	, med		,	
220 BU	PLAL, CREMAT ON	, 22b. DATE THEREO	£	22c. NAME OF CEMETER	Y OR CR	EMATORY	22d LOCATION	(City, town, ar	county)	(Stat	e)
RE)	MOVALIA (A)	4/16/6	U	22c. NAME OF CEMETER				esville			
23. EUN	ERAL DIRECTOR'S	SIGNATURE		ADDRESS		240. RFC*	D BY REGISTRAR	24b REGIST	RAR'S SIGN	ATURE	
F.	1. 4 0	d. 1.		Rockville,	Md.	DATEP			un S. the		
14	MU AI	ALCON-US	//		-	DVIBER					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY o. STATE 6 COUNTY MARYLAND b CITY OR TOWN (If outside corporate Jimils, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If quiside corporate limits, write RURAL and give regrest town) RUPAL and give neares town Aquasco d NAME OF HOSPITAL (If not in hospito, give street oddress) 15 RESIDENCE OR INSTITUTION ON A FARM? in by and 2 YES NO | NAME OF 4. DATE Day Year Month filled ges 1 c DECEASED OF (Type or print) DEATH 19 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS igst birthdoy) Months Days Hours WIDOWED [DIVORCED papers yrs a USUAL OCCUPATION (Dive kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during met of working life, even if retired) puo rme Vila 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physicion please remove of within 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMA 16. SOCIAL SECURITY NO Address 1B. CAUSE OF DEATH [Enter only one cause per line-for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART : DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART 1. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY CATION PERFORMED? YES NO [200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) MEDI Hour o. m. While Not while of work of work p. m. What I last saw the deceased 21. I certify that I attended the deceased fram 0 alive an and that death accurred at M, from the causes and an the date stated above. ACTUAL SIGNATURE DIR 3 should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22d LOCATION (City. 22c NAME OF CEMETERY OR CREMATORY town, or county) (Stote) REMOVAL (Specify) URIAL Ö 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VS A15 (4) arthur & Trans '60 DATE APR 15M 9/5B

requires that the death certificate



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

64779

	4714 CERTIFICATE OF DEATH				
	1 PLACE OF DEATH • COUNTY MONT GONORY. MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution. Reside to STATE to STATE) b. COUNTY	ence before admission)			
	b. CITY OR TOWN (If outside corporate imits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and RURAL and RURAL and RURAL ARK	give nearest town)			
5	WAS HING TON SANITARIUM + HOS PITAL. 4412 N. 4th. Rd.	ON A FARM? YES NO			
	3 NAME OF DECEASED (Type or print) Edward Cook Tempkins DEATH April -	24 1960			
	MALE W. WIDOWED DIVORCED 12-25-80 Iost bythady) yrs				
	100 USUAL OCCUPATION (Give kind of work dane lob KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) MAYU FACTURER MICHAEL MI	U.S.A.			
	13 FATHER'S NAME				
/	BEVERLY R. CompKINS SALLIE Inompson				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (15 yes gave war or dates of service) Address Address				
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (t).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL SETWEEN ONSET AND DEATH			
	Cond'ons if ony, which (b) Congestive Cardiac Failure	3 months			
	couse (a), stating the under- lying couse lost. DUE TO (c)				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WA PER 1 TO ACCIDENT WAS UNDERSTORDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WA PER 1 TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS UNDERSTORDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS UNDERSTORDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS UNDERSTORDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS UNDERSTORDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS UNDERSTORDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS UNDERSTORDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS UNDERSTORDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS UNDERSTORDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS UNDERSTORDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS UNDERSTORDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o) 19 WAS UNDERSTORDED TO THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN GI					
	OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month. Doy, Year Hour o. m. 19 20d. INJURY OCCURRED While Not while of work of wo	(County) (State)			
	21. I certify that (I) (this hospital) attended the deceased from Muzik i, 1960 to Wasel 24, 1960, and that death occurred at 1. M, from the causes and on the	, that (1) (we) ast			
	220 SIGNATURE _ Code 2 / I / dase, MD PHYS DIRECTOR DIRECTOR PHYS D	226 DATE 4 SIGNED			
	22c PHYSICIAN'S NAME (Type) Robert A. Have 22d. ADDRESS SOG DAVYS AVE.	Takoma PR.			
	230 SURIAL CREMATION 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY APRIL 28,1960 Columbia Gardens 23d. LOCATION (City, town, or county Arlington, Va.	(State)			
	Tyes-Funeral Home, Inc., 2847 Wilson Blvd.	SIGNATURELA.			

s ofter death. Page 4

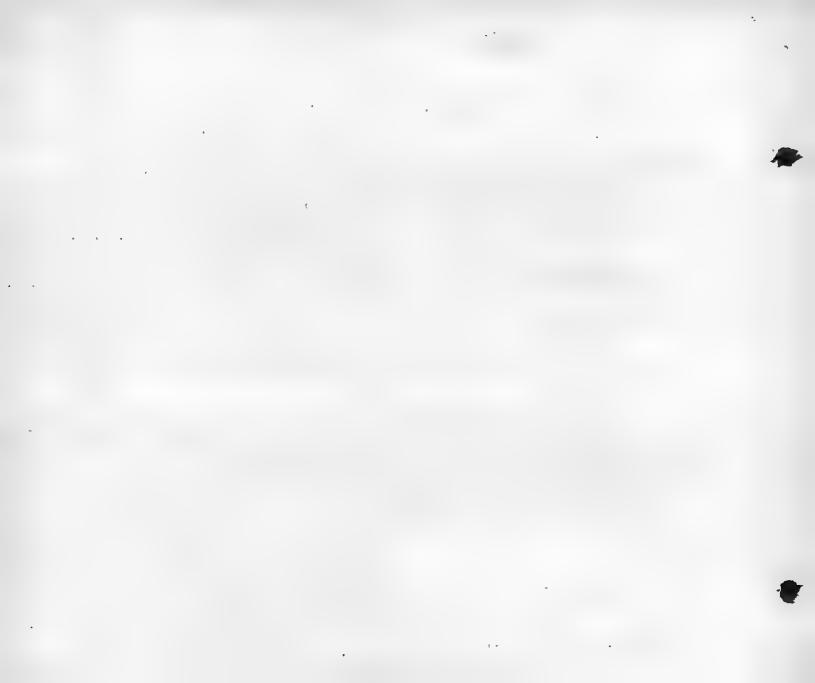


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		*								
ľ	o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Marvl.	ere deceased tived. If instituent b. COUNT	Y Montgom	ery				
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION 9839 Cherry Tree Lane	t oddress)	d. STREET ADDRESS 9839 Cher	ry Tree Lane		e. IS RESIDENCE ON A FARM? YES NO				
	NAME OF First DECEASED (Type or print) ROSE LILLIAN TO	Middle OWNSEND	Last	OF .	1, 1960	y Yeor				
		RRIED NEVER MARRIED NED	B. DATE OF BIRTH April 21, 187	9. AGE (In year last birthdoy) 8.1 yr	Months Days	Hours Min				
1	Oo USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife (retired) 3. FATHER'S NAME	OWN Home	Indiana 14 MOTHER'S MAIDEN N		U. S.	FWHATCOUNTRY?				
	Theodore Stradley		Gertrude C	lugston						
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give wor ar dates of service)		ohn Townsend,		dress Tree Lane	Spring, Md				
)	Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS		NOT RELATED TO THE TERM	MAL DISEASE CONDITION G		Y CATA 19 WAS AUTOPSY PERFORMED? YES NO []				
	OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE								
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o m While not work of wo									
/	21 I certify that (I) (this hospital) after saw the deceased affive an March 2 220 S GNATURE 220 PHYSICIAN'S NAME (Type) AATON H. Traum	1960, and that c	death accurred at 8 20			hat (I) (we) last e stated abave. 22b DATE SIGNED				
-	Burial (REMATION, 236 DATE THEREOF REMOVAL (Specify) Burial April 5 1960 FUNERAL DIRECTOR'S SCHALLER V, Inc.	ADDRECC	ery 25a REC		*	JRE				



1			II. MA	RYLAND STA	ATE DEPARTA	LENT OF HEALTH-	-BALTIMORE, 18	p pring 8 an
	1	L	, lbr.	4825	CERTIFIC	ATE OF DEATH	ار ج Reg. Di	1. No.
Mector Mit	M		COUNTY DILETTER		MARYLAND	2. USUAL RESIDENCE (Where o. STATE	e deceased lived. If institution, Residen b. COLUMY	ce before admission)
(A)			CITY OR TOWN (If to hide corpor RURAL and gry) nearest lown)	e limits, write c. LE	NGTH OF STAY IN 16	11 . 1 - 1/2	side corporate limits, write RURAL and	give neares town)
by the f	174		OR INSTITUTION	ital, give street addres	et of	d STREET ADDRESS	Beech are	e, IS RESIDENCE ON A FARM? YES NO D
lled in	ş		IAME OF DECEASED Type or print)	First A A V	Middle	TREXLER	DATE Month OF ACC.	Doy Year 68
letely fi		S. 1	EX MALE 6. COLOR OR I	ACE 7 MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS Days Hours Min
d com		10a	USUAL OCCUPATION (Give kind of during most of working life, even if r	work done 10b. KIND effred)	OF BUSINESS OR INDI	STRY 11. BIRTHPLACE (Stole or	foreign country) 12. CIT	IZEN OF WHAT COUNTRY
cion on carbo	1	13.	JULIN PE	TER TA	er x L Er	14. MOTHER'S MAIDEN MA	1 0 - 11	7. LTON
g physic remave 72 hours	1)	15:	WAS DECEASED EVER IN U. S ARMEI	FORCES? 16. SOCIA	L SECURITY NO. 17.	INFORMANT	ATHEN	
othendin please within			IB. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED	BY:	(a) (b) and (c).)			INTERVAL BETWEEN
by the c			112/	UE TO	7 t. \$7	i o Car		
igned permit			Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse lost.	(b) G	Rugh	a He	ienostaen	
s been l-transi		CATION		(c)CONTR	BUTING TO DEATH BU	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION DIVEN IN PAR	PERFORMED?
cate ho he buric ar rema		CERTIFIC	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMI	20b. DESCRIBE I	HOW INJURY OCCURR	ED. (Enter nature of injury in Pol	rt I ar Part II of (Iem 18)	YES NO
is certifi use os t motion,	V	WEDICAL		, Year 20d, INJURY While	OCCURRED 20e. P	ACE OF INJURY (Home, form, octory, street, office bldg, etc.)	20f. (City or town) ((County) (State)
After the ed for		2	21. I certify that I attended		om. 4/1	100	// 2, 19 60 ,that I	last saw the decease
detoch to bur	li e		ACTUAL D F	19.63	_, and that deat		M, from the causes and an 11 DDRESS (Street, city or town, state)	DATE SIGNE
L DIREC			PHYSICIAN'S	Vell for	and on		IN ALL - BETT	LSGO.
NERA e 3 sho registro		220	BUR AL, CREMATION, 22b. DATE TI	LIN HO	NAME OF CEMETERY	DR CREMATORY 2	2d LOCATION (City, town, or county)	(State)
TO FUI		23	FINITION 4-1	7-60 5	ADDRESS	1 1080101	BY REGISTRAR 24b. REGISTRAR'S SIG	de town Rd
A1≣ (4) M 9/\$5			ubuntan Ho	witel	860CHGC		PH 21060 Calley	8. Kenya
70-60			207421	*XVO	1 - the occ	à 1nd		



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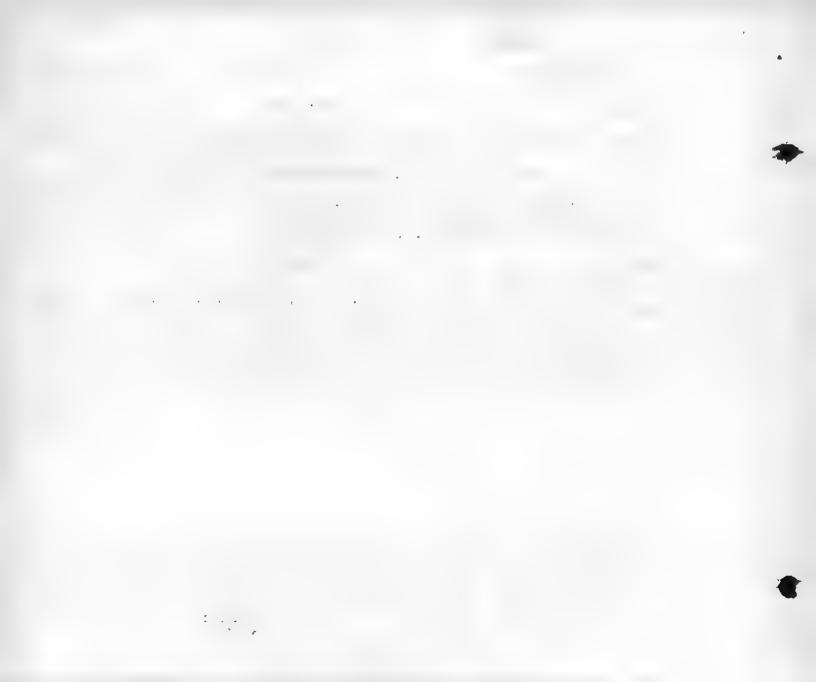
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04784

	PLACE OF DEATH S. COUNTY				MARYLA		USUAL RESIDENCE (W	here decease	b. COUNTY			admission)
	MONTGOMERY b. CITY OR TOWN (IF RURAL and give nec	autside carporate limi	ls, write	c. LENC	OTH OF STAY IN	1ь	MARYLAND MONTGOMERY C.,CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)					
	OLNEY	,		2 :	DAYS		OLNEY					
	d. NAME OF HOSPITA OR INSTITUT ON			•			d. STREET ADDRESS				-	IS RESIDENCE ON A FARM?
		COUNTY GE	NERA	L Ho:	SPLTAL	<u> </u>						YES NO TY
3	NAME OF DECEASED (Type or print)	For			Middle		Lost	4. DATE OF DEATH	Man:		Doy 30	Yeor 19 60
-	SEX		CTOR		IFVED MARRIES		VALLIANT DATE OF BIRTH			-		UNDER 24 HRS
3	MALE	6 COLOR OR RACE	WIDOW	Bellio.	DIVORCED [_	9/24/71		9 AGE (In years last birthday) 88 yrs.	Months		Haurs Min.
100	USUAL OCCUPATIO		dane 10b.	KIND OF	BUSINESS OR	INDUSTR	Y 11 BIRTHPLACE (State	e ar fareign c	ountry)	12.CITI	ZEN OF W	/HAT COUNTRY?
	FLECTRIC		´				MARYLAD	un.		- Lu	NATE	STATES
13	FATHER'S NAME					T I	14 MOTHER'S MAIDEN					
	laure	VALLIANT					MARTHA 1	"HUMBS!	n N			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL!	SECURITY NO.	17 INFO	RMANT	TI WITH ST	Addr	ess		
(Ye	s, no, or unknown) [I	If yes, give war or dates of s	ervice)						0		6.1	
\vdash							SPITAL RECO	DRDS	UL	NEY.		
		TH [Enter only one co	iuse per li	ine for (a)	, (b), and (c).]		-41	,	- N		ONSET	VAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	1 to	7 1262	2/ 45	xx 6 th to 7	aprile	- betire		1	Maxxx 4 X A
	1332x	DUE TO		0	37	7						4
	Canditions, if an	which \	_/~	E 31	3 6	- / -	1 de las	1,30	fire .		2000	J 47 8 11
	gave rise to im	nmediate (1-1-	- 12° to 4		1	The lands	7, 7	120			1
	cause (a), stating t	he under- DUE TO)		2/							
_	lying cause last.) (c									T 11 1 120	VIROTILA ZAVA
FICATION	PART II, OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBL	JTING TO DEAT	H BUT N	OT RELATED TO THE TERM	WINAL DISEAS	E CONDITION GIV	EN IN PAK		PERFORMED?
CERT FI	20a. ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH	206. DES	CRIBE HO	OW INJURY OCC	URRED.	(Enter nature of injury in	n Part ≀ ar Par	rt 11 of item 18)			
		MEDICAL EXAMINER)	L					1				
MEDICAL	20c TIME OF INJURY Have a.m	/ Manth, Day, Ye 19	While		CCURRED 20 It while work	De. PLAC facta	E OF INJURY (Hame, for ry, street, affice bldg., e	m, 20f (City tc.)	y ar town)	(1	County)	(State)
	nt I contifue that	t (I) (this haspita	I oddon	dad tha	deceased fo		11/43/	0/2/130	1/30	10%	C that	t //\ /wa\ last
		- (· /			
	saw the decease	ed alive anZ	/	19	and H	hat de	oth accurred a	<u>∽</u> , M, Tram	the causes an	d on the	e date s	22b.DATE
	120 SIGNATURE	3. 63		400	1	M,	ATTENDING PHYS.	MED. DIRECTOR [STAFF PHYS.			SIGNED
	22c PHYSICIAN'S 22d. ADDRESS											
	NAME (Type)	A. D. Bon	FANT	. М.	D.		SAND	Y SPRI	NG, MD.			
230		N-236 DATE THEREC)F	23c	AME OF CEMETI	EPX O	PENAKON /_	23d LOCA	HODE (City Jown	ar county	20 1	(State)
15	Linal (Spenty)	May 4,	196		sung.	Still	l Gemeter	y C	Oaslor	1,/	Hd	
24	FUNERAL DIRECTOR'S	S S GNATURE	w/	A CO	Micha	ol	DATE 250. RE	D BY REGIS	TRAR 256 REGI	STRAR'S SI	GNATURE	
	THE PROPERTY OF THE PARTY OF TH	DIMUULU	~	AST L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TO SAIL	AY 5 16	50 CL	Alma A	Tiented	



- I	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 4 Film さんじと フ/4/じょ iwk
	CERTIFICATE OF DEATH Reg. Dist. No.
director with	1 PLACE OF DEATH o. COUNTY Montgomery MARYLAND 2 USUAL RESIDENCE (Where deceased fived If institution Residence before admission) o. STATE Maryland Maryland Nontgomery
death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Kensington C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
by the fu	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR NSIITUTION Kensington Gardens Rest Home 7 d. STREET ADDRESS ON A FARMS VES NO E
filled in	3 NAME OF DECEASED (Type or print) Ara L. VANDERCOOK DEATH April 21, 1960 19
within letely fi	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH White Widowed XX Divorced Nov. 19, 1868 9 AGE 1, years 15 UNDER 1 YEAR 15 UNDER 24 HRS lost birthday) 9 1 yrs 9 AGE 1, years 10 Nov. 19, 1868
executed and camp in papers death	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Census Bureau Retired-U.S. Govt Michigan USA
ician ar e carba rs after	13. FATHER'S NAME Unknown 14. MOTHER'S MAIDEN NAME Unknown
ng physicing remove 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Grand-son J. D. Libbey, 10908 N. H. Ave. Silver Spring, M. O. S. Was Deceased Ever In U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Grand-son J. D. Libbey, 10908 N. H. Ave. Silver Spring, M. O. S. Was Deceased Ever In U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Grand-son J. D. Libbey, 10908 N. H. Ave. Silver Spring, M. O. S. Was Deceased Ever In U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Grand-son J. D. Libbey, 10908 N. H. Ave. Silver Spring, M. O. S. Was Deceased Ever In U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Grand-son J. D. Libbey, 10908 N. H. Ave. Silver Spring, M. O. S. Was Deceased Ever In U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Grand-son J. D. Libbey, 10908 N. H. Ave. Silver Spring, M. O. S. Was Deceased Ever In U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Grand-son J. D. Libbey, 10908 N. H. Ave. Silver Spring, M. O. S. Was Deceased Ever In U. S. Was Deceased Eve
requires that the death ce is signed by the attending sit permit. Then please re and in any event within 72	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cere Dra Hemorrhage, Massinge (b) INTERVAL BETWEEN ONSET, AND DEATH Conditions of dny, which gove rise to immediate cause (a), stating the under-lying couse lost. (c) INTERVAL BETWEEN ONSET, AND DEATH ONSET,
The law rate physicic has been priorial-transmission imposal, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED? YES NO NO
CIAN: ittending tificate s the bu	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH CITY OF CONTRIBUTING CONTRI
PHYSI ar a tal ar a this cer in use a rematic	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. 19 While Not work of wark
OR ATTENDING hed by the hosp DIRECTOR: After d be detached to priar to burial, a	21. I certify that I attended the deceased fram 1950, to April 21. 1969 that I last saw the deceased alive an April 21. 1960, and that death accurred at \$550 M, fram the causes and an the date stated above. ADDRESS (Street, city at town, state) DATE SIGNATURE— ACTUAL SIGNATURE— ALLIEU M.D. 3921 119011 AL 57140. 4122.60
SP S	PHYSICIAN'S NAME (Type) STEWAY (TOP) W a 51. 15 D.C. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)
moy be TO FUNERA page 3 sh	Cremation, 226. Date Thereof Cemetery or Crematory 226 LOCATION (City, lown, or county) (Stole) Cedar Hill Suitland Maryland 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 249. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/SB	Robert A. Pumphrey-Bethesda, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4828 **CERTIFICATE OF DEATH** Reg. Dist. No. al director, filed y PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY b. COUNTY MARYLAND Montgomery Canada Quebec b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda davs Comte de Beauce d. NAME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda YES INO IX St. Martin (Boduc pup NAME OF 4. DATE Middle Month Filled DECEASED (Type or print) Pauline None) Veilleux DEATH April 19 60 S. SEX 6. COLOR OR RACE 7 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED 9. AGE (In years lost birthday) Months Dovs Hours DIVORCED [WIDOWED [7] Female White September 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? pun Clerk Unascertainable Canada Canada 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emery Poulin Angeline Maheux IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN' The Medical Record (if yes, give war or dates of service) D) The Clinical Center, Bethesda lu. Maryland No None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Pulmonary edema DUE TO Adrenal cortical carcinoma Conditions if ony, which vears gove rise to immediate ĕ **DUE TO** couse (o), stating the underlying couse lost. PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (p) 19. WAS AUTOPSY PERFORMED? YES TO NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF NJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg , etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram January 21, 1960, to April 6..., 1960, that I last saw the deceased 19 60 __, and that death accurred at 8:20AM, from the causes and on the date stated above. alive an _ADri ő ADDRESS (Street, city or town, stote) DATE SIGNED DIRECT 56 rior M.D. The Clinical Center SIGNATURE should ā National Institutes of Health PHYSICIAN'S Howard S. Schwartz, M.D. NAME (Type) Bethesda lu, Maryl and BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF/CEMETERY OR CREMATORY 0 **ADDRESS** 24n. REC'D BY REGISTRAIR 24b. REGISTRAR'S SIGNATURE 60t arthur & Kraus VS A15 (4) **TSM 9/SB**

certificate bill executed



DATE

after death. Page

requires that the death certificate be executed within

1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



e IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NOTE

> > (Stale)

DATE SIGNED 25/60

(State)

arthur & King

Days

USA

YES NO Y

1 PLACE OF DEATH g. COUNTY Montgomery b. CITY OR TOWN (If outside corporale limits, write RURAL and give negrest town) Damascus Years Damascus d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 514 Pleasant Plains Rd. Pleasant Plains NAME OF 4. DATE Middle DECEASED (Type or print) Blanche S. DEATH Watkins April 7 6. COLOR OR RACE 7. MARRIED NEVER MARRIED JE UNDER YEAR JE UNDER 24 HRS S. SEX lost birthday) Months Female DIVORCED | WIDOWED TIK 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife home Damascus 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levi W. Pearce Marian Jones INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address No Miss Marian Watkins, Damasous 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) Congestive Heart Failure due to PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Dislease Cardio-vascular-renal Disease. Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING
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CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f (City or lown) Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour o.m. While Nat while at work at work p. m. 21. I certify that I attended the deceased fram 1935 _.that I last saw the deceased alive on April 19609 and that death accurred at fram the causes and an the date stated above. ACTUAL SIGNATURE Boyer Main Street. PHYSICIAN'S McKendree Damascus. NAME (Type 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) 4/26/60 Damascus Damascus 240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Damascus. APR 28'60

after death. and filled law requires that the death certificate be executed within 24 campletely carban pap after death. pub 6 physica гета attending edse 古 á permit. in any gned tal ar attending physician. as the burial-transit detached for FUNERAL DIRECTOR: 9 ō 3 should

10 VS A1S (4) 15M 9/58



CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)-Vrace a. and a d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Private Home YES NO T 3 NAME OF Middle 4. DATE **Уеог** DECEASED (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 3 YEAR IF UNDER 24 MRS 8. DATE OF BIRTH ASE (In years lost burthday) Months Days Hours DIVORCED [WIDOWED | 100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY dying host of Myorking life, even if retired) BIRTHPLACE (State or foreign country 12 CITIZEN OF WHAT COUNTRY? 13. FATMER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address If yes, give war or dates of services 18. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c). INTERVAL BETWEEN ONSET AND, DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (of DUE TO Canditions, if ony, which gove rise to immediate **DUE TO** coese (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS: PERFORMED? YES 🔲 NO 🔝 20g. ACCIDENT WAS UNDERLYING [] 206-DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg , etc.) Hour o m. While Not while of work of work P. m. 21. I certify that I ottended the deceased fram. 19.6 Othat I last saw the deceased and that death occurred at 12.30 AM, from the causes and on the date stated above. alive on S ADDRESS (Street, city or town, stotal DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22g-BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OF GREMATORY 22d LOCATION (City, town/ or county) (State) REMOVAL (Specify) Lucus **EUNERAL DIRECTOR'S SIGNATURE ADDRESS** 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/5S

EALTH—BALTIMORE, 18



## PRICAL EXAMINER'S CERTIFICAT OF DEATH	21/	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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21. I certify that I took charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and find that death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE FIGURE	Show of English	O 20c. TIME OF INJURY Month, Day, 1807 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f, (City or town) (County) (State)
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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ROCKVILE O NAME OF HOSPITAL (I) not in hospital give street address) Again Note: The control of the control	1. PLACE OF DEATH a. COUNTY	Montgomery	MARYLAND	o. STATE			7.5	
DAME OF BEENT ROAD TOP Brent Road TOP Brent Road TOP Brent Road TOP Brent Road TOP	RURAL and give	nearest tawn)	c. LENGTH OF STAY IN 16		outside corporo	te fimits, write RUF	RAL and give nearest	town)
BECEASE PRINT Fannie S. WENNER DÉATH April 6 19 6 19 6 5 5 5 5 5 5 5 5 5	OR NSTITUTION	Ν	eel address)		t Road	1	(SWANT A MC
DO LESIAL OCCUPATION (Give kind of work done give in the control of the control o	DECEASED		7.0		OF		_ '	0
HOUSEWISE A SATISFES NAME Benjamin Shouffer S WAS DICEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT Niece WAS DICEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT Niece Martina Sheid S WAS DICEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT Niece Martina Sheid S WAS DICEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT Niece Martina Sheid None Martina Sheid Address None Marie A. Long # 702 Maple Ave. Rockville, Invited at Martina Sheid III. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY (b) GO OF DEATH (Enter only one course per line for (a), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPE WAS AUTOPE WAS AUTOPED WAS	Female	TYTESA				AGE (In years last birthday) 72 yrs		
Benjamin Shouffer Martina Sheid	during most of we Housewi	TION (Give kind of work done 1) orking life, even if retired) I C	Db. KIND OF BUSINESS OR IND					AT COUNTR
Transport	13. FATHER'S NAME Benjami	n Shouffer						
PART II. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO Canditions, if any, which gover rise to immediate cause (a). Isolar by underly lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPE PERFORMED? YES DO. ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPE PERFORMED? YES NO [20a ACCIDENT WAS UNDERLYING COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) While CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b TIME OF INJURY Month, Day, Year Dod, INJURY OCCURRED While of work	[Yes no. or unknown]	VER IN U. S. ARMED FORCES? [(If yes, give wor or dates of service)]		141001				ville, ľ
20a ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Void While of work [] 40c Not while of work [] 50c Time Of INJURY Month, Day, Year Void While of work [] 50c Time Of INJURY Month, Day, Year Void Injury Occurred Day While of work [] 60c Time Of INJURY Month, Day, Year Void Injury Occurred Day While of work [] 60c Time Of INJURY Month, Day, Year Void Injury Occurred Day (County) (Slow of Injury In Port I or Part II of item 18.) 20c Time Of INJURY Month, Day, Year Void Injury Occurred Day (City or town) (Slow of Injury In Port I or Part II of item 18.) 20c Time Of INJURY Month, Day, Year Void Injury In Port I or Part II of item 18.) 20c Time Of INJURY Month, Day, Year Void Injury In Port I or Part II of item 18.) 20c Time Of Injury In Port II or Injury In	gave rise to couse (a), statin lying cause los	immediate DUE TO	is contributing to death b	UT NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVER	N PART 1(a) 19 V	
21 I certify that (I) (this haspital) attended the deceased from 2-6-60 19 to 2-6-60 19 that (I) (we) los saw the deceased glive an 2-6-60 19 and that death occurred and 2-6-60 19 that (I) (we) los saw the deceased glive an 2-6-60 19 and that death occurred and 2-6-60 19 that (I) (we) los saw the deceased glive an 2-6-60 19 that (I) (we) los saw the deceased glive an 2-6-60 19 that (I) (we) los saw the deceased glive and 2-6-60 19 that (I) (we) los saw the deceased glive an 2-6-60 19 that (I) (we) los saw the deceased glive and the date stated above 225 glive	20g ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIC	NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Day, Year 20x	1. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, fo	rm, 20f. (City o			S NO (Stot
WILLIAM TRANK, M.D. 22c. PHYSICIAN'S NAME (Type) WILLIAM TRANK, M.D. 23d ADDRESS 23d ADDRESS 23d ADDRESS 23d LOCATION (City, town) or caunty) 24d ADDRESS 25d REC'D BY REGISTRAR'S SIGNATURE	21 I certify the saw the dece	hat (I) (this haspital) atte	work or work or ended the deceased from	death accurred a 2				ated abay
Burial (Specify) Apr. 9, 1960 Rockville Cemetery Rockville Maryland 250 REC'D BY REGISTRAR'S SIGNATURE Robert A Pumphrey - Rotherda Maryland	Wella	lanc Fear	ck, M.D.		MED DIRECTOR .	STAFF PHYS	Ray	\$ GNI
Robert A Pumphrey - Retherda Maryland	PEALOVAL (Specif	fy)						
	24, FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	ryland 250 RE	C'D BY REGISTRA	AR 256 REGIST	RAR'S SIGNATURE	

may be extended by the haspital ar attending physician.

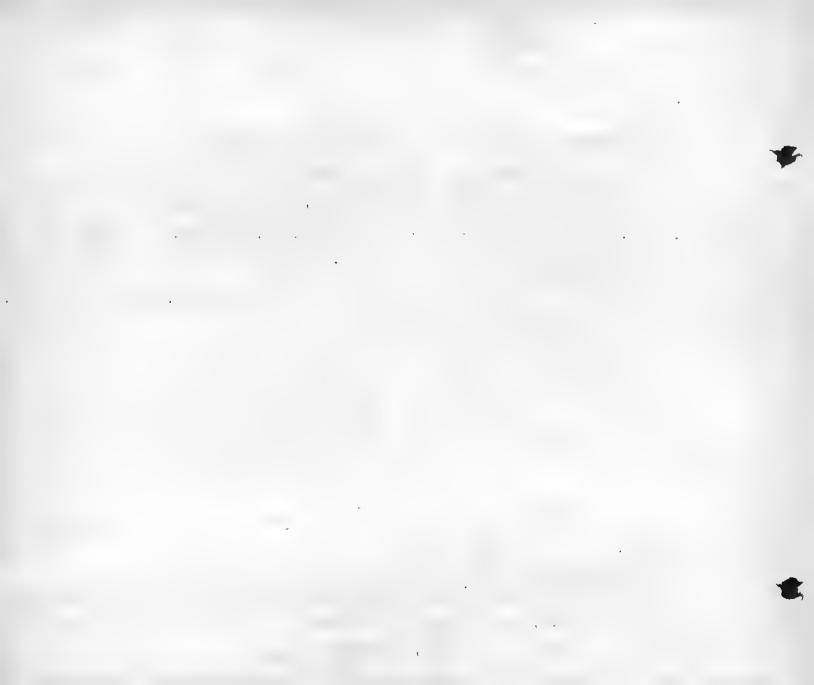
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete y filled in by the funera page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be the State Board of Health priar to burial, cremotian, ar removal, and in any event, withing it heaves after death. VR A15 (4) TSM 9/59

TO HOSF

rs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

by the funeral director, d 2 should be fled with



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) 17 a. COUNTY o. STATE **6 COUNTY** MARYLAND Mary b. CITY OR TOWN (If outside corporate limits, write c._CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES 🗍 NO 💢 tanium NAME OF 4 DATE Lost Month Day Yeor DECEASED DEATH (Type or print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED lost wirth Months Days Hours DIVORCED [WIDOWED [10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 1) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAMÉ 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO Address INTERVAL BETWEEN ONSET, AND, DEATH CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1) of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year (County) (Stole) foctory, street, office bldg., etc.) Hour a. m. While Not while at work of work p. m. APKUL 23, 19,60 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from VUL 1960, and that death accurred at A.M. from the couses and on the date stated above. sow the deceased alive on Talk 22o 5 GNATURE SIGNED ATTENDING PHYS. DIRECTOR M.D. 22c. PHYSICIAN 22d. ADDRESS NAME (Type) BLR AL CREMATION DATE THEREOF (Stote) 256 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Chilling S. Krand DATE ADR 2 6 '60

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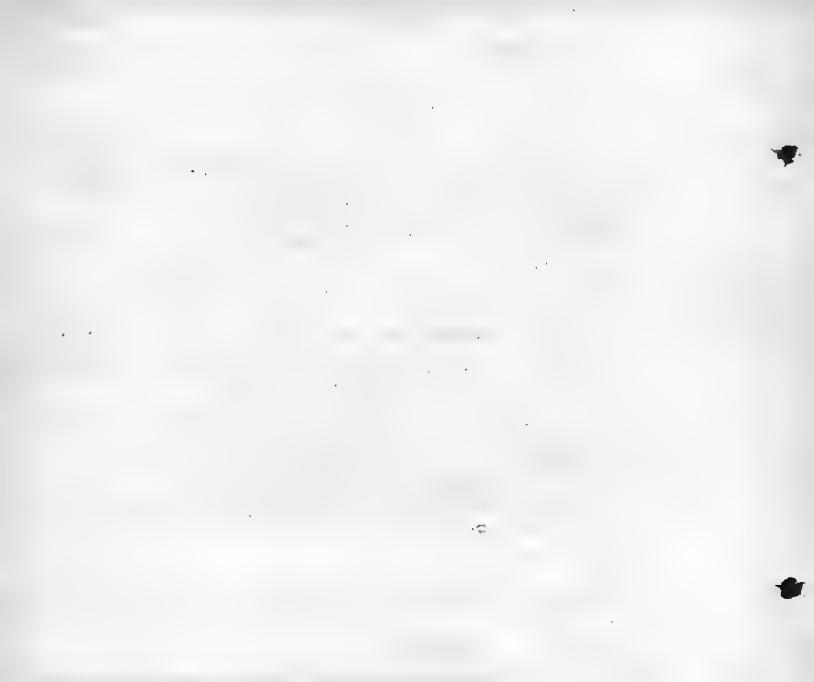
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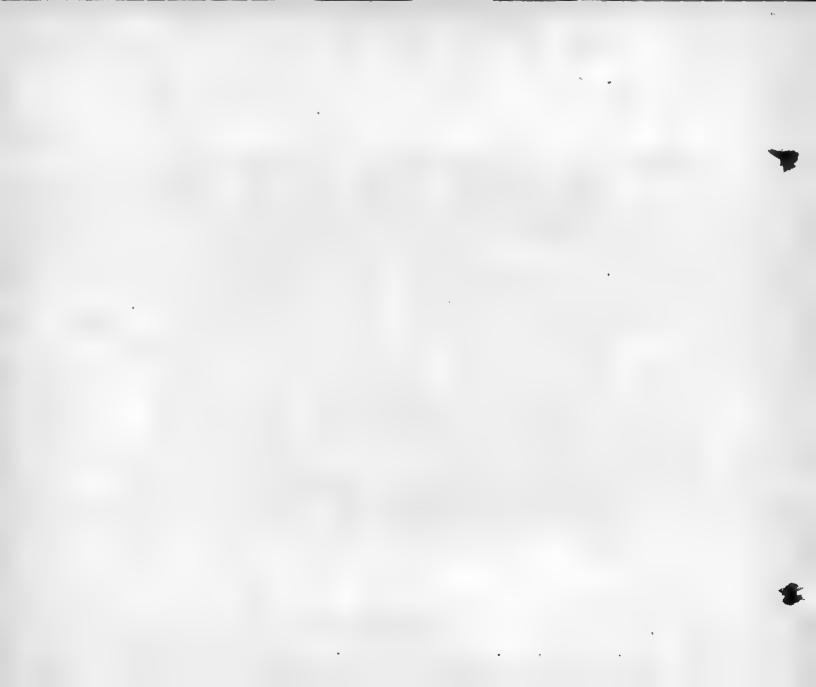
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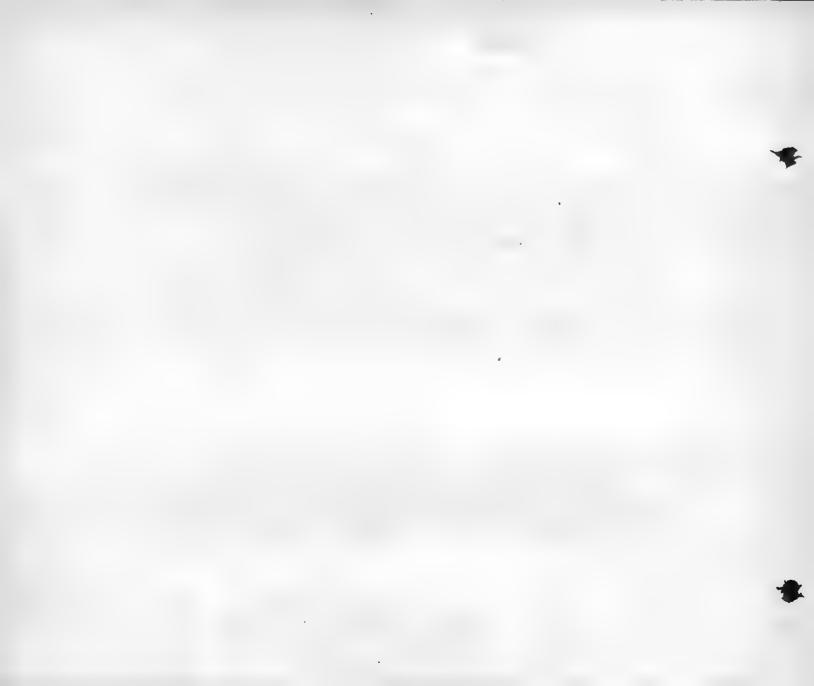
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
Items 18-21 Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH	64754
4708 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg, Dist, No.
1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If instead of the county of the c	
THE PART OF THE PA	Machy Marky
b. CITY OR TOWN (If durande corporate famile, wrigh RURAL or LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, wr	rite RURAL and give nearest lown)
Jakme Jack 80A. 15 Selver Spring	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDENCE ON A FARM?
Washington Sant Hosp. 610 Eldred St	YES NO
3. NAME OF First Middle Lost 4. DATE Mo	onth Day Year
(Type or print) Laurence Cirley Winters OF DEATH CL	G 8 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In folio loss birtholy)	Months Days Hours Min.
ESEE Male What WIDOWED DIVORCED 1-11-19-22 37 m	
0 = 2 > 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State as fareign country) during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY
E & B Markens anto ma	71-5.6
13. FATHER'S NAME	
Luther C. Winters Josephine Rhodes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 146 SOCIAL SECURITY NO. 127 INFORMANT	
CY CL 45 45 47 47 47 47 47 47	0.5
Tom wee with the second company	Hum 2
18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Carbon-Monoxide poisoning	
STA, 9 DUE TO	
Canditions, if ony, which (b)	
S S S S S S S S S S S S S S S S S S S	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF	GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMEN?
Ethel alcohol 1.12 %	YES NO
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part I) of item 18 }	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) Hour a. m. While Not while factory, alrest, affice bldg., etc.)	(County) (State)
¥ mg	
21. I certify that I took charge of the remains described above, held an Autapsy . Inspection	, Inquiry , and find the
death resulted fram: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined	cause .
BERT ACTION O	DATE SIGNED
ACTUAL SIGNATURE Trans & STOREHALL M.D. CHIEF MEDICAL EXAMINER	
ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DE	4-8-60
220. BURIAL CREMATION, 276. DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY TREMOVAL SPECIFIC ALL 4/11/60 NORTH GLADE COMETERY SWANTON, MAT	n, or county) (State)
PARTIES AND STATE OF THE PARTIES AND SECTION OF	GISTRAR'S SIGNATURE
VS. Alswels) W SS A ST F F ST	a la -
SM 9/55 RAW Shall be Addition DATE	



CERTIFICATE OF DEATH director, Poge 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased sived If institutions Residence before admission) o. COUNTY **b.** COUNTY MARYLAND 90mer 90 mery unerol b CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparote limits, write RURAL and give nedrest town) RURAL and give nearest town Momd KOMB larn d. NAME OF HOSPITAL (If not in hospital, give street address) ad STREET ADDRESS e IS RESIDENCE OR INSTITUT ON ON A FARM? YES NO 🚾 c.dhild. Tlum NAME OF 4. DATE Middle Month Year DECEASED OF DEATH (Type or print) 1960 9 AGE (In years IF UNDER 1 YEAR | F UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED MEVER MARRIED B. DATE OF BIRTH last birthday) Manths Days DIVORCED IT WIDOWED [10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if zetired) 9 NZ92 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending physicion pleose remove c VdMes SS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT event 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND, DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** rostatic Hyper Trophy Canditians, If dhy, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO 1 Ch5/04. 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, | 20f (City or town) (County) (State) foctory, street, affice bldg , etc.) Haur a.m. Not while While pm. at work at work 1960, to April 20, 1960, that (1) (we) last 2). I certify that (I) (this haspital) attended the deceased from IRE. 1960, and that death accurred at 25 M, from the causes and an the date stated above. saw the deceased alive an 22q -SIGNATURE . 22b DATE SIGNED M.D PHYS MED DIRECTOR 22c PHYS CIAN'S 22d ADDRESS FUNERA 230 BURIAL CREMATION, 236 DATE THEREOF OR CREMATORY 23d. LOGATION (City, Jown, or county) Ö 25b REGISTRAR'S SIGNATURE MUNERAL DIRECTOR'S SIGNATUR 2Sa. REC'D BY RESISTRAR APR 25'60 Circhen & House DATE 15M 9759



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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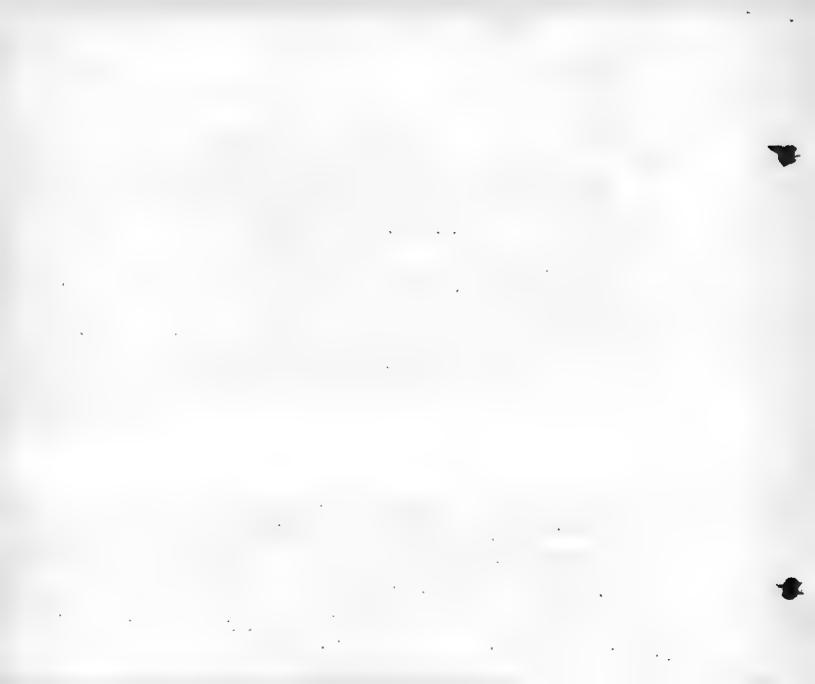
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TO FUNERAL DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1.710 CERTIFICATE OF DEATH

	2110	QUICTITI TOTA			(, 2 4 - 1,
1. F	PLACE OF DEATH 5. COUNTY Man & Manney 11	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE	b. COUNTY	Monte.
-{	RURAL and give nearest town	NGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporate limits, write RURA	L and give nearest town)
-	d. NAME OF HOSPITAL (If not in haspital, give street address OR INSTITUTION	Nacy	Prescott Rd		e. IS RESIDENCE ON A FARM? YES NO P
	NAME OF DECEASED	Middle	Lost 4.	DATE Month OF	Day Year
5. 5	4 , 1		A. DATE OF BIRTH	9. AGE (In years IF L lost birthday) Mc	1 10 1960 UNDER 1 YEAR IF UNDER 24 HRS Onths Days Hours Min.
100	USUAL OCCUPATION (Give kind of work dane during most of warking life, eyen if retired)	DIVORCED DE BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		113
15.	WILLIAM Gaade WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	L SECURITY NO. 17. IN	Hem - ich	da Hanni Address	·9
	III. CAUSE OF DEATH [Enter only one cause per line for		Nospital	Kecords	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sho	ek - He	morrhage	1	ONSET AND DEATH
	Conditions, if any, which gove rise to immediate	pluse of	Dissecting Its	eurjan Hoch	Horta 36-les
7	lying couse lost. (c) Ath	workers	ia, Storta		years
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	esclien.	old THE TERMINAL	DISEASE CONDITION GIVEN	PERFORMED?
CERTIF	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE IN OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRÉ). (Enter nature of injury in Port	I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a. m. While at wark at a wark	Nat while for	CE OF INJURY (Hame, farm, 2 tory, street, office bldg., etc.)	Of. (City or tawn)	(County) (State
	21. I certify that (I) (this haspital) attended th	1	4/8 1960		19.60, that (1) (we) las
	220. SIGNATURE	00.	M.D. ATTENDING MED.		22b DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) MARVIN L.	XOLKIN	22d, ADDRESS 8485 f	Fenton S	Treet, SS, n
230	REMOVAL (Specify)	NAME OF CEMETERY O		LOCATION (City, town, or c	
24.		George WandDRESS Damascus	Ashington 250. REC'D BY DATE APR		SO CO. Md. AR'S SIGNATURE My & Thomas

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ms after death. Page 4 may be servined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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William Dall Commencer

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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